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ABSTRACT

This study proposed that before comparisons between homosexuals and heterosexuals on levels of self-esteem, anxiety, depression, and locus of control can be made, one must understand the unique process of homosexual identity formation and how it differs from heterosexual identity formation. Subjects included 231 male and 21 female members (ages 18-61) of Dignity Washington, a large group of gay and lesbian Roman Catholics, and their friends. Measures included questions on demographics and past history of social support, the Homosexual Identity Integration Questionnaire, the Stage Allocation Measure, the Rosenberg Self-Esteem Scale, the Splitting Scale-Revised, the State-Trait Anxiety Inventory-Trait, the Anxiety Sensitivity Index, the Beck Depression Inventory-Short Form, the Fear Survey Schedule-II-Revised, and the Internal-External Locus of Control Scale. The findings revealed that for men, the greater the level of homosexual identity integration (HII), the higher their self-esteem; the lower their splitting, anxiety, fear, depression, and anxiety sensitivity; and the greater the odds of their having an internal locus of control. Past history of social support was positively related to level of HII. The best model explaining the most variance in HII included anxiety, past history of social support, and anxiety sensitivity. For women, results found much stronger associations for splitting, fear, depression, and anxiety sensitivity. Locus of control and anxiety were not significant. (NB)

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Self-Esteem, Splitting, Anxiety, Fear, Depression, Anxiety Sensitivity and Locus of Control as They Relate to the Homosexual Identity Formation Process

By

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The Faculty of

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for the degree of Doctor of Philosophy**

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**Dissertation directed by
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For my parents, Sid and Lucy,
and for
my life-partner, Jack

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ABSTRACT

For many years and with mixed results, researches have attempted to define differences between homosexuals and heterosexuals on levels of self-esteem, anxiety, depression and locus of control. It was proposed that before comparisons could be made, one should not only consider the heuristic value in such a comparison, but, one needs to understand fully the unique process of homosexual identity formation (HIF) and how it differs significantly from heterosexual identity formation. Depression, splitting and fear also seemed appropriate for further study. Measures of homosexual identity integration (HII) have not been forth-coming. To complete this research, this study proposes one and cross-validates it with another. The 231 male and 21 female volunteers (ages 18-61) were members of Dignity Washington - a large group of Gay and Lesbian Roman Catholics - and their friends. Measures included questions on demographics and past history of social support, the Homosexual Identity Integration Questionnaire (HIIQ), the Stage Allocation Measure (SAM), the Rosenberg Self-Esteem Scale, the Splitting Scale - Revised, the State-Trait Anxiety Inventory - Trait, the Anxiety Sensitivity Index, the Beck Depression Inventory - Short Form, the Fear

Survey Schedule - II Revised and the Internal-External Locus of Control Scale.

Construct validities for the SAM and HIIQ were confirmed. For men, the greater the level of HII: (1) the higher their self-esteem; (2) the lower their splitting, anxiety, fear, depression and anxiety sensitivity; and (3) the greater the odds of their having an internal locus of control. Past history of social support was positively related to level of HII. The best model explaining the most variance in HII included anxiety, past history of social support and anxiety sensitivity. For women, results found much stronger associations for splitting, fear, depression and anxiety sensitivity. Locus of control and anxiety were not significant. Self-esteem approached significance. In conclusion, the HIIQ proved a good measure of HII. The HIF process is complex and involves many different personality variables. Given the associations of these variables with HIF, a measure of homosexual identity consolidation should be used whenever research is done with Gays and Lesbians so it's effect can be controlled for and the sample used can be adequately described.

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The development of [homo]sexual identity continues in adolescence with its consolidation through homoerotic fantasy, masturbation with homoerotic imagery, sexual attraction to other boys, and sexual experiences. This process normally leads in late adolescence to self-labeling, or "coming out" to oneself. For the gay adolescent this developmental period may be particularly anguishing. He had usually entered adolescence with more sexual guilt than the heterosexual boy because he perceives that his sexual feelings and impulses are different from those of his family and peers. His self-esteem has often already been injured by the withdrawal of the father, by the rejection of other boys, by his perception and labeling of himself as "different," and by the internalization of society's prejudices and biases. These early experiences make him believe that his sexuality is immoral or disgusting and that he is either evil or sick. It is difficult for the gay adolescent to have sufficient self-regard to allow him to acknowledge without great pain and significant delay that he is homosexual.

-From Richard Isay's Being Homosexual: Gay Men and Their Development

CHAPTER ONE: INTRODUCTION

The single most significant event in the emotional life of millions of people world-wide is their homosexual "coming out." In the United States alone, it is estimated that 25 million Americans are, or have been, engaged in coming out. For some, it's thought of as a moment in time. For others, it's a period which can last for months, or even years. Laymen and laywomen usually think of coming out as having two phases. The first being coming out to oneself, where the individual first acknowledges that the homosexually oriented fantasies/behaviors he or she has engaged in might indicate that he or she is, in fact, a homosexual. The second phase being the telling of this new identification to the world around him or her.

Theorists, in attempting to understand this layperson's term, have redefined it as a "process" rather than a few singular events in an individual's life. This "coming out process" rapidly became incorporated into various models of homosexual identity formation (Cass, 1979; Coleman, 1981; Colgan, 1988; Dank, 1971; Eichberg, 1990; Grace, 1979; Hencken & O'Dowd, 1977; Kus, 1985; Lee, 1977; Minton & McDonald, 1983; Plummer, 1975; Ponse, 1978; Schafer, 1976; Troiden, 1977, 1979, 1989;

Weinberg, 1977,1978). These models typically begin with an individual's first acknowledgement of having homosexually oriented fantasies and behaviors and end with the individual living comfortably as an acknowledged homosexual, with this identity completely integrated with the whole of his or her life.

There is a significant difference between homosexual and heterosexual identity formation process. Specifically, homosexuals have a pivotal emotional experience which heterosexuals do not encounter. Homosexuals have inappropriate role models as children and adolescents and experience a resultant period of "denial of inherent sexual and attendant psychological and social needs" (Isay, 1989). The denial is "necessary" for familial and peer acceptance - that is to avoid labels like "you're different from other boys" or "you're dirty, sinful, queer...." Denial also brings with it psychological congruence with social mores and "permits" an individual to think of himself or herself as "normal." It is the creation and destruction of this denial system which differentiates sexual identity formation between homosexuals and heterosexuals. Homosexual identity formation is thus overwhelmed by the build up and breakdown of one ill-formed, and false, sexual identity and the construction of a new sexual identity. The proposed study attempts to explore the relationship between some personality factors and this process.

Implications of Proposed Research

This project arises out of previous research (Binks, 1989) which explored

differences between homosexuals and heterosexuals on levels of anxiety, anxiety sensitivity, fear and panic. The literature has seemed contradictory in these areas. Binks found male homosexuals to have higher levels of panic than male heterosexuals. No differences were found on the other variables. However, when these variables were explored within the homosexual sample, some significant differences and trends were found on levels of anxiety, anxiety sensitivity and fear between those who considered themselves "out of the closet" and those who considered themselves "in the closet." Although a crude measure of "closetedness" was used, these differences suggest one reason why researchers have been unable to resolve whether or not differences exist between Gays/Lesbians and straights on many different variables.

Perhaps "closetedness" has confounded much of the research on homosexual and heterosexual personality differences. (Kooden et al. [1979] and McDonald [1982] have shown there is a lag in sexual identity integration for homosexuals. Therefore, comparing fully sexually integrated heterosexuals with a more heterogeneous sample of homosexuals must be approached with great caution.) Even though an entire sample of individuals might call themselves "Gay," some will have a fully integrated homosexual identity and many will still be in process. Conclusions from such comparison's have often been rather unfortunate. For example, while it is certainly useful to be able to say "this community of male homosexuals experiences more panic symptoms than that community of male heterosexuals," traditionally, theorists have used this information to draw conclusions such as "homosexuals have more pathology than heterosexuals."

If the degree of homosexual identity integration is found to be related to patterns on personality variables in the Gay and Lesbian community, then the degree to which a homosexual has accepted his or her homosexual identity might have significant implications on all research using samples of homosexuals. Future research in personality differences might need to take into account the level of sexual identity integration when attempting to compare homosexuals and heterosexuals. Minimally, the degree of sexual identity integration would need to be considered when planning research and discussing its results on almost any personality variable. Maximally, research in this area might take on a new perspective by halting the look for innate psychopathology in homosexuality. Well controlled research has not shown homosexuality to be a product of pathological development (as reviewed by Gonsiorek 1977). In fact, there have been genetic theories of homosexuality for some time (Kallman, 1952; Dörner, 1975; Gladue, 1984; Pillard & Weinrich, 1986). Recently, these have gained very strong momentum with the work of Bailey and Pillard (1991) and LeVay (1991). Rather, exploring the developmental process by which homosexuals obtain healthy psychological adjustment, and then, exploration of where this process can go wrong, would be a long waited for, and fresh, perspective.

Research exploring the homosexual identity formation process could have an important impact on the Lesbian and Gay community. For example, if coming out is shown to positively correlate with self-esteem, and negatively correlate with splitting, anxiety, depression, and fear, there would be clear evidence to support programs which would encourage coming out, as well as, innovative programs like the one in New

York City where a high school has been set up specifically for Gay and Lesbian youth. Also, if coming out negatively correlates with anxiety sensitivity and external locus of control, then, individuals can be targeted for appropriate help in this difficult process.

CHAPTER TWO: BACKGROUND AND HYPOTHESES

Homosexual Identity Formation

Homosexual Identity: "Homosexual identity" as a concept is less than twenty years old. With the dawn of sexual liberation came a need to define large groups of people who were not only engaging in "homosexual acts," but were now identifying themselves as "homosexuals." In essence, it was this Gay/Lesbian movement which demanded definition.

Cass (1984a) reviewed the literature on this concept and came to define "homosexual identity" as "the sense that a person has of *being* a homosexual/lesbian/gay man. It is a very personal sensation, experienced as a recognition of 'who I am.'" She goes on to describe two aspects of this identity (Cass, 1990). The objective aspect is the "cognitive picture that someone has of himself or herself as 'a homosexual'" which has resulted from looking at ourselves objectively and labeling ourselves using society's definitions. The subjective aspect is the "feeling or sensation a person has of *being* homosexual."

Coming Out: Unique to Gay and Lesbian culture is the need for "coming out." A popular term, it first appeared in the literature in 1968 (Gagnon & Simon) and referred to a single point in time when one comes out of a psychological closet, stops hiding, and acknowledges he or she is homosexual. In the literature it was soon recognized that coming out of the closet, while a nice metaphor, was complicated and involved much more than a singular event. Models were developed to explain what is actually a process. For now, coming out will be defined as *the* pivotal moment, or moments, around which there is the most forwardly-directed movement within the homosexual identity formation process. One might think of this as coming-out-stepping-stones leading toward homosexual identity integration. For this reason, it is necessary to address coming out separately from, as well as within, the discussion of the various models of homosexual identity formation which follow.

The term "coming out" is still used, popularly and theoretically, despite the more self-defining phrase "homosexual identity formation." Perhaps this is because it captures the affectively-laden moments in which the break-down of psychological barriers occurs. These are barriers of self-acknowledgement, and acknowledgement to others, of sexual orientation. These barriers are built by psychological defense mechanisms which are necessary to protect the person from severe psychological trauma when objective reality is too critical and the subjective sense of self is too fragile. The defenses used are denial, repression, suppression, reaction formation and others which result in the metaphorical closet from which homosexuals "come out."

Hereafter, "coming out" will refer to these special moments of psychological

self-labeling and self-revelation to the outside world. "Homosexual identity formation," as a term, will incorporate these coming out moments into a meaningful paradigm. As conceptualized by DeMonteflores and Schultz (1978), this paradigm includes adopting a non-traditional identity, restructuring one's self-concept, reorganizing one's personal sense of history and altering one's relation with society. Consequently, the "process of homosexual identity formation" replaces "coming out process," a term which will be avoided for the sake of clarity.

To carry the popular metaphor further, these psychological barriers/defense mechanisms which impede homosexual identity formation form the walls of the closet in which any part of a homosexual identity is hidden, even precursor thoughts and fantasies. In this way, the core/nascent sense of self is protected, but, at the cost of sexual identity integration. It is useful to consider how these walls are built, because this is what differentiates homosexual from heterosexual identity formation.

In homosexual identity formation there is first, a lack of modeling. Children and adolescents with homosexual impulses and fantasies cannot look to either their parents or their culture to learn how to handle such impulses in a positive or meaningful way. In fact, they end up modeling heterosexual behavior which results in extreme cognitive dissonance. For example, an adolescent boy has learned from his parents that he is "supposed" to begin dating girls with the end goal of marriage in early adulthood. He has witnessed the passion exhibited between his parents and many other examples of heterosexual couples. On dates with girls he finds himself out of congruence with these internalized models when he feels no passion, has no

interest in his date and wishes, instead, to be with his male best friend. In adolescence this cognitive dissonance comes to a head though it has probably been present in more subtle ways for years. Through this conflict, the "heterosexual false-self" is born. This term, "heterosexual false-self," will be used to refer to the part of the child's self which turns away from homosexual impulses and fantasies (at the expense of an integrated self - including, self-esteem and sexual identity) and attempts to model heterosexual parents and peers.

Secondly, even before they recognize the precursors to homosexual impulses and fantasies, children have internalized the "homophobia" inherent in our culture. Weinberg (1972) first used this word for labeling fear of homosexuality. Since then, Cohen and Stein (1986) point out that homophobia is used "to refer to a wide range of negative feelings, attitudes and behaviors directed toward homosexuality and homosexuals." Morin and Garfinkle (1978) suggest homophobia directed against Gays is the result of some cultures' need to reject femininity as part of the core development of a sense of maleness\masculinity. The larger society projects these unwanted characteristics onto a smaller group resulting in stereotyping and prejudice (Cohen & Stein, 1986). In this way, homosexuals are relegated to minority status as opposed to being seen as simply a variation (i.e., not dissimilar from brown eyes vs. blue).

All under-represented groups experience prejudice and oppression. With homosexuals, however, it is the inability to identify with, and model, the family which strikes at the core of a homosexuals sense of self and makes the burden of societal

intolerance exceptionally difficult to bear. Self psychology would frame this issue as the family's inability to empathically respond to the child's particular needs and/or be experienced as a source of calm and strength which causes developmental arrests in the structure of the self and leaves one so isolated and closeted.

The process leading to internalized homophobia, in Western Culture, begins at an early age for everyone with the teaching of traditional sex-role behavior. Boys and girls are not just taught to act like how a little boy or a little girl "should" act, they are also ridiculed for acting like what is perceived as feminine for boys and masculine for girls. As early as kindergarten, this becomes translated into a language through which boys and girls act on aggressive impulses, playfully calling each other every derogatory word imaginable for "homosexual." By junior high school this name-calling has already worked itself up to a fevered pitch. Children who later grow up and self-identify as Gay or Lesbian have typically been on both sides of the ridiculing. They are taught to hate what they, themselves, might be before ever having a chance to discover it outside the bounds of prejudice oppression. One can easily imagine how homosexual impulses and fantasies are blocked off and hidden.

Festinger (1957) wrote of the painful emotional and psychological states arising from membership in a despised minority group, which homosexual adolescents experience, as being the result of crippling cognitive dissonance. There is little, or no accurate, information upon which homosexual adolescents can "plan or sometimes even conceive of a future for themselves" (Hetrick & Martin, 1984). They are further crippled by the laws against homosexual acts and statements by prejudicial

professionals (collected by Martin & Hetrick, 1988) like homosexuals are "predatory" (Kardiner, 1954; Gilder, 1979), "inimical to the survival of the race" (Socarides, 1975), "criminal seducers" (Rupp, 1980), "the cause of crime in the streets" (Christian anti-communist crusade, 1981), the cause of AIDS.

With such psychological and social barriers built, Gays and Lesbians will always experience the breaking down of the closet walls as traumatic. Because, it involves opening oneself to vicious hatred and abuse. Even if social intolerance abates, Gays and Lesbians will continue to be raised in heterosexual households, without homosexual role-models. This reality results in a handicapping environment and, for this reason, a special term, like "coming out," will always be needed to help define the experience.

Theoretical Models For Homosexual Identity Formation: Many non-pathological theoretical models of homosexual identity formation have been put forward over the last 20 years (Cass, 1979; Coleman, 1981; Colgan, 1988; Dank, 1971; Eichberg, 1990; Grace, 1979; Hencken & O'Dowd, 1977; Kus, 1985; Lee, 1977; Minton & McDonald, 1983; Plummer, 1975; Ponse, 1978; Schafer, 1976; Troiden, 1977, 1979, 1989; Weinberg, 1977, 1978). These models have built upon each other and are more similar than different. Minton and McDonald (1983) point out that all are models of identity can be differentiated in the amount to which they draw from different theoretical traditions. Specifically, aspects of "analytic ego psychology (Erikson), cognitive developmental psychology (Piaget, Kholberg), and symbolic interaction

theory (Mead, Parsons)" are evident in varying degrees.

Minton and McDonald use Habermas' (1979) model of ego development incorporates all three of these theories as an umbrella to compare the seven best defined models of homosexual identity formation (namely, those by Plummer, Troiden, Lee, Hencken & O'Dowd, Dank, Coleman and Cass). First, they describe the Egocentric Stage which Habermas developed for pinpointing the time when a child first differentiates between self and environment. This stage is used to explain the time when a person has his/her "first conscious and semi-conscious moments in which" he/she comes to perceive of himself/herself "potentially as a homosexual" (Plummer, 1975). These first "moments" can include daydreaming about sexual encounters with, genital sex with, or forming strong emotional attachments to, members of the same sex. The "perception of the self as inadequately feminine or masculine," Minton and McDonald point out, can also "serve as a homosexual cue." This stage fits Habermas' model of the egocentric stage because the individual is ascribing the label of "homosexual" to himself/herself based on personal experience. Individuals in this stage begin to feel separate from their same-sex peers. Plummer (1975), Troiden (1977) and Coleman (1981) all write about these early conscious/pre-conscious feelings of differentness, sexual urges and fantasies, calling this time a period of "Sensitization" or, "Pre-Coming Out."

Minton and McDonald use Habermas' Sociocentric-Objectivistic Stage (when an individual can move beyond subjective, egocentric interpretations of his/her environment and begin to internalize social norms) to describe when an "individual has

a heightened awareness of possibly possessing the homosexual identity and corresponding awareness of the societal attitudes about the homosexual role." In this stage, individuals look from their internal world where the nagging/sinking feelings of differentness have increased to the point where they can no longer be ignored, out to society's objective definition of "homosexual," and they struggle with the resultant comparison. Cass's first two stages of homosexual identity formation exemplify this process by their titles, "Identity Confusion" and "Identity Comparison." Plummer, Troiden and Lee refer to this stage as "Signification," highlighting the heightened awareness of homosexuality which occurs as a result of society's intolerance. Coleman emphasizes the resultant self-acknowledgement/self-labeling aspect of this process (when one begins to call oneself a "homosexual") in the title he gives to this phase, "Coming Out."

Habermas termed the last level of ego development the "Universalistic Stage" when a person critically evaluates societal norms. Minton and McDonald explain that in this stage an individual attains the "unity, consistency and continuity that characterize personal identity." This occurs in homosexual identity formation when a person accepts a homosexual identity, commits to a homosexual identity, and then integrates the identity with the whole of his/her life. Most theorists refer to this stage of homosexual identity formation as having at least two components. The first component involves exploration of the Gay community. Plummer, Troiden and Lee call this "Coming Out" and Coleman, "Exploration." The second component involves some form of commitment to the Gay community and to a Gay identity. Minton and

McDonald point out that Troiden explains the difference between acceptance and commitment. "Commitment presupposes a reluctance to abandon the [homosexual] identity even if given the opportunity to do so." It seems more appropriate to refer to a "Gay identity" here because much more is involved than sexuality. Just as heterosexuality becomes subsumed within a self-identity, so too does homosexuality.

The theories of both Coleman and Cass best delineate the end stages of homosexual identity integration, providing the best overall conceptualization of this process. For these reasons, their theories warrant special consideration.

Coleman (1981) begins his model of "the coming out process" with the "Pre-Coming Out" stage. At this point in time, the individual is "not consciously aware of same-sex feelings." Most theories (genetic, hormonal, learning, psychoanalytic) regarding sexual object choice agree that, although the process is not clearly understood, sexual object choice is determined very early in life. Coleman explains that as a child "appears about to break with [society's, family's] expectations," a crisis ensues for everyone involved in the family's psychodynamics. This has very significant implications for a young child who has not had a chance to even label his/her homosexual orientation, much less explore it, without pre-determined, negative value judgements. To further shed light, Coleman quotes Fischer (1972):

Every time a homosexual denied the validity of his feelings or restrains himself from expressing, he does a small hurt to himself. He turns his energies inward and suppresses his own vitality. The effect may be scarcely noticeable: joy may be a little less keen, happiness slightly subdued; he may simply feel a little run down, a little less tall. Over the years, these tiny denials have a cumulative effect. (p. 249).

Viewed from a self psychology perspective, Fischer is writing about developmental

arrests in the structure of the self which occur as a result of the lack of mirroring or, empathic ruptures in that the denial by others insures a denial of self. Coleman hypothesizes that one can continue in this defensive posture indefinitely, commit suicide, or recognize one's differentness by breaking through the defenses and the false self which have developed and acknowledge same-sex feelings.

Coleman's second stage, "Coming Out," refers to the time when homosexual feelings are acknowledged and shared. This begins with acknowledgment of a thought or fantasy and does not necessarily require appreciation of the word "homosexual." This stage ends with the disclosure of this new knowledge to some key individuals in an attempt to begin self-acceptance through external validation. Research has found that healthy psychological adjustment is related to commitment to a positive homosexual identity (Hammersmith & Weinberg, 1973). Coleman stresses the need for disclosure, and acceptance from others, as a pre-requisite for developing self-concepts like "accepted," "valued" and "worthwhile."

"Exploration" is the term Coleman chose for his third stage because it is essentially a period of experimentation. He compares it to adolescence; a time when "the first major experience of sexual and social activity with others occurs." Coleman warns that such a delayed adolescence can be very disturbing to individuals who may be aged twenty and up, yet quite mature in other areas of their lives. Developmentally, individuals must learn how to meet and socialize with other homosexuals. Because they were raised as heterosexuals, they may lack the interpersonal skills to do this. This is also when an individual needs to feel attractive

and sexually competent. As they begin to become involved sexually, Coleman writes, "they can develop a sense of mastery and competence with regard to being sexual with others." Adolescents are known to act out, rebel, and be self-destructive. Those with poor self-esteem have an even greater likelihood to engage in self-destructive behavior. Not surprisingly, Coleman points out, homosexuals have not developed positive self-conceptions and, in this stage of homosexual identity formation, sometimes stumble. The sexual exploration becomes a way of life for some while for others substance abuse problems arise. Fifield et al. (1978) and Lohrenz et al. (1978) found that at least three out of ten homosexuals have serious problems with alcohol.

"First Relationships" is the forth stage in Coleman's model. He writes, "After a period of sexual and social experimentation, exploration can lose its intrigue, and needs for intimacy often become more important. The individual may yearn for a more stable, committed relationship and explore relationships that combine emotional and physical attraction." Developmentally, the challenge is "to learn how to function in a same-sex relationship" without role models and with lingering negative attitudes about homosexuality. Difficulty in this stage often reflects unfinished business with the stages of "Coming Out" and "Exploration."

"Integration," Coleman's fifth and final stage of homosexual identity formation, combines public and private identities into one self-image. While this does not necessarily mean that individuals announce their sexual orientation to everyone they meet, they are comfortable revealing themselves to almost anyone when asked. This stage is an ongoing, open-ended process which involves the incorporation of new

feelings about self as they occur, including new labels and concepts. Committed relationships are more successful because "homosexuality" ceases to be a conflicted issue *within* the self-identity.

Cass's (1979) model of homosexual identity formation has six stages and begins with "Identity Confusion." She defines this stage as the point in time when a person hears or reads information about homosexuality and consciously realizes that the topic has personal relevance. Awareness grows as more and more information about homosexuality is encountered and personalized until it can no longer be ignored. As the "realization that feelings, thoughts, or behavior can be defined as homosexual" increases, incongruence ensues forcing the inevitable question which indicates identity confusion, "Who am I?" Cass suggests this confusion can be resolved in one of three ways. In the first way, an individual accepts his/her behavior as being labeled "homosexual" and thinks this label is correct. The second and third ways identity confusion is reduced involve the use of denial, inhibition, and reinterpretation of behavior, all to foreclose on further homosexual identity development.

If foreclosure does not happen, an individual then answers the question, "Who am I?" with the response, "I *may* be a homosexual." This begins the second stage of Cass's model termed "Identity Comparison." As a tentative commitment is made to the self-statement that one may be homosexual, confusion is reduced, and social alienation sets in. In other words, as homosexual behavior is reconciled with the possibility of a homosexual self-identity, an individual becomes acutely aware of the implications of how the society around him/her view homosexual behavior. Through

comparison, he/she has an increased sense of not belonging. Cass suggests there are four ways to respond to these feelings of alienation. First, one can react positively to the idea that one is different and accept both the homosexual self-statement and behavior as good. Second, one can reduce alienation by accepting the homosexual meaning of their behavior but reject the self-image of being homosexual. Cass explains that in this way one accepts the behavior but rejects the identity (i.e., "if it were not for this special person, I would be heterosexual," "I'm just experimenting," or, "I could act heterosexually if I really wanted to." Alienation is reduced by believing, "I am not so different after all." A third way to reduce alienation is to accept the homosexual self-image but reject the behavior. Cass points out that this is a common approach for individuals who have the expectation of strong negative reactions from significant others (i.e., family, peers, church members). The Roman Catholic Church fosters this reaction by acknowledging the orientation but rejecting the behavior. By not acting on impulses, one feels less alienated. The forth and final approach to dealing with social alienation is to reject both the homosexual self-image and behavior. Here homosexual behavior is inhibited, and the individual calls himself/herself asexual or heterosexual. Cass warns that to the extent this denial breaks down, self-hatred ensues and suicidal risk increases.

If identity foreclosure has not yet taken place, the individual moves into the third stage of homosexual identity formation which Cass calls "Identity Tolerance." Here the individual has turned further away from a heterosexual self-image and more toward a homosexual one as indicated by a phrase like, "I probably am a homosexual."

The increased commitment signals an end to much of the confusion of the previous two stages and paves the way for acknowledgement of social, sexual and emotional needs. Often, Cass points out, this acknowledgement serves to accentuate feelings of differentness and individuals seek out other homosexuals because they "have to," not necessarily because they want to. Thus, the individual is tolerating his/her homosexuality as opposed to accepting it. As an individual is accepted by other homosexuals, alienation decreases. However, there is an increased sense of not belonging to the heterosexual community and so often the individual further distances himself/herself from it by choosing very carefully with whom he/she interacts. It is the quality of homosexual contacts, as opposed to the quantity, which determines whether or not an individual is able to avoid foreclosure and move on to the next stage. Positive contacts with homosexuals results in viewing homosexuals in a favorable light which in turn allows them to view their own homosexuality in a more positive way. Cass asserts that mixing with the Gay/Lesbian community provides role models, opportunities to meet a partner, "techniques to manage a homosexual identity," practice in feeling more comfortable by socialization to the cultural behavior of Gays and Lesbians and a "ready-made support group." Negative contacts with the homosexual community result in devaluation of Gay/Lesbian culture. If an individual viewed a homosexual self-identity in a negative way before the contact, then self-identity will be further devalued and he/she is likely to reduce contact with the homosexual community and/or inhibit homosexual behavior.

When an individuals can say, "I am a homosexual," they move into the forth

stage of homosexual identity formation which Cass has labeled, "Identity Acceptance." In this stage, contact with other homosexuals increases serving to "validate and 'normalize' homosexuality as an identity and way of life." The type of homosexual groups an individual becomes involved with determines whether or not he/she moves into the final two stages. Some groups operate with the philosophy that homosexuality is kept private and not publicly displayed. In this situation, homosexuals disclose their homosexuality to a selected few heterosexuals, often prefer limited social contact with heterosexuals and when contact is necessary, (i.e., on the job), they attempt to "pass" as heterosexuals. Changes in living arrangements and employment serve to avoid contact with heterosexuals. For some, this lifestyle is acceptable and comfortable and identity foreclosure takes place. Other groups adopt a philosophy which fully legitimizes homosexuality (both publicly and privately). This creates a inner-tension resulting from the conflict between what the individual has come to believe about his/her homosexuality and what he/she knows society believes. These homosexuals, as well as those who tried to separate themselves from the heterosexual public and found it uncomfortable/unacceptable, move on to stage five.

"Identity Pride" is Cass's term for the fifth stage of homosexuality identity integration. This stage is entered with awareness of incongruity between his/her total acceptance of his/her homosexuality as legitimate and society's rejection of it. Cass states that the homosexual devalues "the importance of heterosexual others to self," and revalues "homosexual others more positively." The world is thus split into two sides, heterosexuals who are "discredited and insignificant" and homosexuals who are

"credible and significant." Commitment to Gay culture is strong and full of pride. However, Cass notes, these homosexuals are still constantly confronted with the established heterosexual frame of reference and forced to abide by it. "Anger born of frustration and alienation", combined with pride creates an activist. Confrontation becomes the means by which homosexuality is validated as good. It also allows for public and private lives to be brought much closer together. Previous strategies to hide homosexuality are given up. When confrontation brings negative reactions, the individuals views of the world are reinforced and identity foreclosure takes place. When he/she receives positive feedback from heterosexual others, his/her expectations are challenged. If this happens enough, the individual moves into the last stage of homosexual identity integration.

Cass terms the final stage of homosexual identity integration "Identity Synthesis." In this stage the "them" versus "us" philosophy, previously espoused, no longer fits the individual's world experience. As contact with accepting heterosexuals increases, so too does trust in the "other world." Feelings of anger, while still present, are less intense. Congruency has increased and feelings of pride are less strong because the individual sees "no clear dichotomy between the heterosexual and homosexual worlds." The homosexual is more apt to note some similarities with heterosexuals and some differences with homosexuals in this stage. Cass states that homosexual identity formation is completed as "personal and public identities become synthesized into one image of self" and homosexuality becomes "merely one aspect" of that self.

Arguments Against Linearity in the Homosexual Identity Formation Process: While linear models are very useful when attempting to define a developmental process, most would agree that in the social sciences, there are inherent limitations in stage-sequential theories. McDonald (1982) found, in a sample of 199 respondents, individual variation in the "coming out process" suggesting a reconceptualization of linear-progressive models. He concluded that due to anti-homosexual prejudice and discrimination, a homosexual identity "cannot emerge in an orderly, stage-sequential fashion" as heterosexual identity emerges. Eichberg (1990) stresses strongly, in his book entitled *Coming Out: An Act of Love*, that "*progress through these phases is not linear, but cumulative.*" Troiden (1989) uses McWhirter and Mattison's (1984) depiction of a horizontal spiral to describe progress through the stages of homosexual identity formation as being non-linear. He argues for a back-and-forth, up-and-down process where characteristics of stages overlap and recur in somewhat different ways for different people. He says "stages may be merged, glossed over, bypassed or realized simultaneously."

Weinberg (1985) uses a social psychology perspective to criticize stage models in general for attempting to explain a process he defines as one of sociocultural change in terms of stages which, he feels, should be relegated to biological processes only. He offers several reasons why linear thinking in social identities is dangerous: it blocks consideration of alternative pathways to the same identity; it ignores the possibility of multiple identities; it presupposes a uniform developmental rate; it assesses deviations as immature, regressive and fixated; it establishes a single starting

point; it views development as directed toward an ultimate or final objective; and, it ignores the inherent flexibility of human beings. Weinberg criticizes the typical stage model's explanation of deviations from the developmental path (namely, that it is caused by regression) stating that development is not regressive, but rather, it involves branching which results in the following of different paths.

Coleman (1981), in defining his model, is in agreement with Weinberg in pointing out that individuals work on developmental tasks of different stages "simultaneously." It is only the concept of the "end-goal" with which he disagrees with Weinberg. Coleman's approach seems balanced between the two opposing perspectives of Cass and Weinberg. For this reason, his model was chosen to define a measure of level of homosexual identity integration to be used in this study. It is a questionnaire which measures the level of homosexual identity integration while taking into account the cumulative and simultaneous nature of progress through the stages of homosexual identity formation. Further information on the measure can be found in both the Method and Appendix sections.

**Personality Factors Associated With Homosexual Identity
Formation**

We should think long on this stereotype [heterosexual ethnocentricity], for if gender theorists are even half-way correct about the power of early experience to shape one's gender identity and even one's world view or sense of existence (Stoller, 1968), the influence of an assumed heterosexuality from before puberty must be profound.

-Gilbert Herdt, 1989

There are many reasons why examination of various personality variables in the context of the homosexual identity formation process would be deemed appropriate and even advisable. Practically all theorists and researchers who have written about homosexuality mention the importance of influences such as presumed heterosexuality, social stigma, feelings of differentness, rejection and alienation/isolation (being "closeted") in their writings. Regardless of whether the origin of homosexuality is genetic, environmental, hormonal or some combination therein, these writers all assume early negative childhood and adolescent experiences involving these issues have profound influence on many aspects of the homosexual's personality and life. However, these assumptions have not been adequately tested.

The theoretical models of homosexual identity formation, previously highlighted, are about major changes in these self-identity issues - self-identities which were formed through social stigma, rejection, denial and isolation. As an individual enters the homosexual identity formation process and battles with these issues, many personality factors have the potential to undergo tremendous change. Some of the factors which until now have been assumed to have been influenced during the

building of the closet walls are self-esteem, splitting, anxiety, anxiety sensitivity, depression, and fear.

Given the cognitive and emotional challenges involved in the homosexual identity formation process, it is necessary to question who is likely to enter and follow through with the process and, who is likely to foreclose development mid-process. Factors related to the successful completion of the homosexual identity formation process have previously been tested in very limited ways. Locus of control and level of anxiety sensitivity are two factors which could be used to achieve this end.

Self-Structure: Many theorists have written about the effect of homosexuality on the self-system. All expect it to be dramatic and global because sexuality is so vital as to how we define both who we are and our role in our society. It is generally agreed that, for the most part, sexual orientation is determined very early, and so, affronts to healthy self-structure development also begin early.

One of those affronts is the assumption of heterosexuality which the child attempts to assume through conscious processes of role-modeling and unconscious processes of mirroring and idealizing. This role-modeling results in the formation of (what has been termed in this study) a "heterosexual false-self." On this course of learning, heterosexual values are internalized and heterosexual goals are set. Homosexual feelings are split-off and hidden or repressed - the cornerstones for the closet walls where homosexuality is hidden are thus laid. Kohut's (1971) work on the development of the self is particularly relevant. According to Kohut, the self-structure

develops in young children as they feel mirrored and validated and as they idealize significant people in their environment. Over time, minor, and eventually more significant, ruptures along these mirroring and idealizing paths of self-development lead to a healthy sense of self through a process termed "transmuting internalization." For children who grow up to be homosexual, they falsely interact with their environment according to heterosexual expectations in order to experience a measure of mirroring and idealizing which is essential for self-structure formation. Maintenance of this heterosexual false-self, however, brings with it too severe and too frequent ruptures in the development of the self. Thus, the process of transmuting internalization which requires titrated or small doses of ruptures is seriously hampered. The resultant self-structure is fragile, split and fragmentation prone with deficits in self-esteem.

Bozett and Sussman (1989) write about how maintenance of healthy self-esteem is impossible when individuals deny their sexual orientation. Helminiak's (1989) work illustrates why the assumption of heterosexuality is injurious to self-esteem when he writes about how "comfort with [one's] body is the basis of all self-esteem." He relates Baldwin's (1897) work regarding how in infancy, "any sense of worthiness or unworthiness is conveyed bodily - through touching, holding, cuddling....For the infant the feel of the body is the feel of the self." So from the beginning of life, self-esteem is directly related to comfort with body. Because sexual experience is bodily experience, Helminiak puts forth, discomfort with one's sexual body precludes self-esteem. And thus, since homosexuals very early in life hide from

their sexual impulses and do not accept their bodily, sexual impulses. They therefore must suffer low self-esteem.

Simultaneously, another affront to self-esteem occurs through learning. Bell et al. (1981) found that Gays and Lesbians experienced much greater feelings of being sexually different from their same-sex peers during adolescence than did heterosexuals. They found homosexual adults reported more negative self-concepts and feeling states while growing up. While it may be years before a label is attached to their feelings, they are learning that they are very different (they don't fit in). Perry et al. (1956) wrote that this internal sense of differentness leads, particularly in youth, to great insecurity regarding interaction with others. Again, Kohutian theory is very aptly applied. Healthy needs for twinship in adolescence are thwarted. In other words, a need for assurance that one is "ok" (which is met by one's recognizing traits of one's own in others) does not take place. This further stymies the development of identity and a healthy self-structure. The resultant inferiority arises out of the conscious and unconscious knowledge that the differentness cannot be fixed - the split cannot be integrated. A deficient self-system is thus born. Plummer (1975) warns that adolescence is a particularly vulnerable time for the development of the self-concept - when fitting in is crucial. Coleman (1981) predicts low self-esteem develops from the alienation which results from this "differentness." If adolescents feel too different, they often quickly surmise they are inferior. For many homosexuals, these negative feeling states were reinforced by their peer group who recognized their differentness, labeled them as different, called them hateful things, and often even recognized them

as homosexuals (using words like "queer," "faggot," "dyke," "fairy," "fruit," "homo").

Thus far, both the "heterosexual false-self" and the feelings of differentness effect self-esteem *before* an individual comes to label himself/herself as homosexual. Once this labeling begins to occur, the affronts to self-esteem take on conscious potency and the potential for developmental arrest is heightened. Consider the following quote:

To the doctor, you were sick; to the lawyer, you were a criminal; to the minister, you were wicked.

-Adair & Adair, 1978, p. 242 as quoted by Sullivan & Schneider, 1987

Few homosexuals escape adolescence unscathed. The above quote illustrates how Gay and Lesbian youth come to confront the belief systems of medical, civil, and spiritual "authorities;" belief systems which have been internalized. In this way, the individual who begins to enter the homosexual identity formation process experiences revulsion and is attacked from within (internalized homophobia) as well as by the world around him/her. Thus, an incredibly negative set of connotations, directly related to self-esteem, comes with that first moment of self-recognition. "Maybe I am a homosexual" loosely translated means, "Maybe I am sick, criminal, wicked." Malyon (1982) describes patients he has seen in this phase of development as experiencing a "contamination of self-concept" as erotic impulses are compartmentalized (split-off) and a developmental arrest ensues.

It can be theorized that when the process of homosexual identity formation is undertaken, self-esteem and splitting are effected in positive ways as denial, alienation, and a conflicted self-identity are replaced by self-discovery, sexual fulfillment, self-

acceptance and self-structure integration. A person can only tolerate intense conflict and isolation for so long before needs of the self take precedence. For example, Cass (1984b) writes about how the need to enhance self-esteem acts as a motivating factor to help push an individual through the identity formation process. Both Cass (1984b) and Coleman (1981) describe how in sharing with others the newly self-ascribed label of "homosexual," self-esteem increases if the confidant perceives that the listener has reacted positively. Homosexuals who succeed in the homosexual identity formation process can usually remember a time when they deliberately told only other homosexuals and a selected few heterosexuals (who they suspected would react positively) about their new found identity. In an open-ended questionnaire, Wells and Kline (1987) found some of the reasons homosexuals come out to particular individuals were fear of rejection, need for honesty, education of non-Gays/Lesbians and positive self-image maintenance. This selectivity suggests a need to enhance self-esteem. Rejection is avoided and acceptance is sought out. Through the Kohutian principles of mirroring, idealizing and twinship e.g., when an individual sees his/her goodness reflected in the active acceptance and caring response from the confidant, the individual's self-structure is freed from developmental arrest, and grows. Even homosexuals near the end of the formation process may avoid revealing their sexual identity to a particular person because they know that rejection would affect them in a very profound way, impacting on their self-esteem, producing a high degree of anxiety.

As homosexuals continue to self-disclose to more and more people, their new

self-identity grows in confidence and they are spurred on to claim more and more of it. Eventually, the homosexual identity formation process takes on a life of its own, no longer requiring acceptance of others as fuel; rather, the individuals develop enough self-esteem, and integrate enough of the new sexual identity, to finish the process on their own volition.

Helminiak (1989) points out the lack of research in the area of homosexual self-esteem as it relates to the homosexual identity formation process. He notes that research has not traditionally shown lower self-esteem for homosexuals as compared to heterosexuals because, he concludes, for the most part the homosexuals were already out of the closet and would therefore have "falsely" elevated self-esteem (Carlson & Baxter, 1984; Jacobs & Tedford, 1980; Skrapec & MacKenzie, 1981; Strassberg et al., 1979). However, Myrick (1974) found lower self-esteem for homosexuals when compared to heterosexuals and even lower self-esteem for overt homosexuals as compared to covert homosexuals. It should be pointed out that Myrick's study preceded a wave of change in Western culture, in so far as it generally views homosexuality. Bell and Weinberg (1978) found male homosexuals have lower self-esteem than heterosexuals.

Attempting to compare a homosexual group, which includes a large number of sexually non-integrated individuals to a group of heterosexuals whose process of sexual identity formation is not impeded by similar roadblocks seems misguided. Given this conflicting research, it would seem that research designed to explore self-esteem and/or splitting along the homosexual identity formation continuum would be a

better, and more useful, approach than all of these comparison studies. If homosexual and heterosexual individuals are compared, a "sexual identity integration" variable could be held constant, and the resultant comparisons would be more meaningful. Unfortunately, this is a young field of study and ways of measuring the level of homosexual identity consolidation are few. Theories of homosexual identity formation have only recently been put forth, and only Cass's model (Cass, 1984b) has been tested. The preliminary results support the model and are very encouraging. Currently, she (personal communication, February 27, 1991) is continuing to revise her questionnaire on homosexual identity formation and expects to make it available for research soon.

Although very limiting, there have been studies on homosexual self-esteem which have included variables related to homosexual identity formation. Plummer (1989) reviews the only three studies done on Lesbian and Gay youth in England (Burbidge & Walters, 1981; Trenchard & Warren, 1984; Bye, 1984). All three studies focused on how, for Gay and Lesbian youth, the need to stay in the closet is pervasive. In order to maintain their self-image, they required secrecy, fearing rejection by those who meant the most to them. The secrecy necessitates the denial of a part of the self and disallows sexual identity integration. In other words, there is a pause in homosexual identity formation necessary to maintain a fragile self-image. These studies, the first of their kind in England, were all survey by design.

Greenberg (1976) found that membership in a homophile group (defined as a "Gay/Lesbian friendly" group) does not result in an increase in self-esteem over the

course of one year. While membership in a homophile group is not a measure of homosexual identity integration, it does involve a certain commitment to the homosexual label and a desire to socialize with other homosexuals. Both of these factors contribute to homosexual identity formation and, over a period of one year, one might have expected to see an increase in both sexual integration and self-esteem. The study did not measure if, after the year's time, there was an increase in commitment to the homosexual label nor if membership in the group lead to getting involved in other groups. Thus, there was no way to measure these two factors which relate to sexual integration. The study assumed that being a member in the group might be enough to increase self-esteem. However, membership in a group does not, in and of itself, necessitate a change in sexual identity (although it may be of assistance) and so self-esteem would not be expected to increase.

Myrick (1974) and Jacobs and Tedford (1980) measured self-disclosure, a necessary part of homosexual identity formation, as it relates to self-esteem using similar scales and found opposite results ($n = 150$ and 35 , respectively). Myrick found closeted male homosexuals to have more concern over self-esteem issues than those who always self-disclose. Jacobs and Tedford found the opposite and suggest that being open about one's homosexuality invites criticism and, so, self-esteem decreases. Or another interpretation of their findings is that individuals with low esteem feel they have nothing to lose by being open.

It is important to realize that measuring the "degree of openness" outside the context of homosexual identity formation is tenuous. Many factors impinge upon the

process of self-disclosure, and self-disclosure, itself, is dependent on other aspects of the identity formation process. For example, the stage of formation an individual is in determines both the reason for the disclosure and the interpretation of the resultant interaction. Individuals early in the identity formation process (when self-esteem is likely at its lowest) may only disclose to a few individuals; however, these disclosures may be so very significant that they may consider themselves to be quite open (more open than they've ever been). At the same time, those in the final stages of identity formation may self-disclose to many people; however, they have become so comfortable with their sexual identities that the disclosures take on less significance and, while they feel they are open, the issue is much less important.

In related studies, self-disclosure has consistently been found to be directly related to acquiring a "positive gay identity," where positive Gay identity is measured by how "glad" subjects are with being Gay. Kooden et al. (1979) found this to be true for a sample of 202 men and 80 women members of the American Psychological Association. However, one should be aware that the APA is very supportive of Gay and Lesbian civil rights, and thus, suggests this is a highly biased sample. In two other studies, Miranda and Storms (1989) found similar results with 100 subjects contacted through bars and friendship networks (mean age = 30) and with 183 university subjects (mean age = 25). McDonald (1982) found the development of a positive Gay identity among 199 men to be especially related to disclosure to significant heterosexual persons.

In 1973, Hammersmith and Weinberg studied the relationship between

commitment to a homosexual orientation and several psychological adjustment variables including, stability of self-concept and self-esteem with a sample of 2,497. "Commitment," a variable which is presumably strongly related to homosexual identity formation, was measured by two questions. The first asked if there was a wish to not be homosexual and the second asked if one would change to heterosexuality if given the option. Stability of self-concept and higher self-esteem were found to be positively related to the commitment to a homosexual identity. Savin-Williams (1989a) asked a very similar question to 317 male homosexuals when he explored the "Comfortableness" of being homosexual. He found that Gays who were most comfortable with their sexual orientation had the highest level of self-esteem. His comfortableness variable was measured by two questions. One asked if the individual would give up his/her homosexuality if possible (the same as one of Hammersmith and Weinberg's questions), and the second, asked if life would be easier being heterosexual. In addition, Savin-Williams (1989b) also found that being "out" to one's mother, another aspect of the homosexual identity formation process, is indicative of high self-esteem for the male homosexual. One study of 51 male homosexuals (Schmitt & Kurdek, 1987) looked at "Comfortableness," "Self-Disclosure" and "Relationship Involvement" and found that all correlated positively with "Self-Concept" (n=51).

In some way, each of the above studies are subsumed under the theoretical umbrella of homosexual identity formation. While valuable, they provide only very limited information regarding the homosexual identity formation process. Without

actually measuring the level of homosexual identity consolidation, it is impossible to more completely assess and fully understand the relationship between these variables and self-esteem.

The "Commitment," "Self-Disclosure" and "Comfortableness" studies are the most pertinent studies in the self-esteem/homosexual identity formation literature. Even though the variables are broadly focused, they relate to the concept of homosexual identity formation and lend support to the idea that high self-esteem is related to successful completion of the homosexual identity formation process. The large sample of Hammersmith and Weinberg is particularly noteworthy. Of ten studies, only one, Jacobs and Tedford (1980), dissented with the view that self-esteem is not positively correlated to an aspect of homosexual identity formation. It had, by far, the smallest sample ($n=35$). There have been no studies which have related the cohesiveness of the self, or, lack of splitting to homosexual identity formation.

Anxiety: Researchers have attempted to find anxiety differences between homosexuals and heterosexuals for a long while; but, as found in the self-esteem literature, the results have been mixed. Binks (1989) and Horstman (1975) found no differences between these groups while Granero (1984) and Atkinson et al. (1988) did. Again, this is most probably due to sexually-integrated heterosexuals being compared to homosexual groups which vary tremendously in their degree of sexual integration. As with self-esteem, only after anxiety is understood in the context of homosexual identity formation can homosexuals be compared to heterosexuals. First, however, the

heuristic value in such a comparison should be explored.

One can theorize many possible sources of anxiety arising during the development of a homosexual identity. According to self psychology theory, anxiety comes from the impossibility of internalizing a parent with whom one can feel safe and secure, and with whom one can idealize as protective and strong. This lack leads to inadequate transmuting internalizations resulting in isolation and fear of fragmentation of the self structure. One could hypothesize that homosexuals might suffer increased anxiety due to the interference of expectations of heterosexuality on the relationship between the child and the idealized parent (fear of being cut off from your source of comfort, protection and strength). The resultant strain on this relationship has the child feeling less calm, less secure and more anxious. The relationship of the child to his/her early environment was discussed in depth in the above section on self-esteem where, in particular, the relationship of the child to the parent in whom he/she looks for a mirror (in order to feel validated) was explored. In these two relationships, levels of anxiety and self-esteem are determined in context of an evolving self structure. When they are strained, a more isolated, more fragmentation prone, less cohesive sense of self results with increased anxiety and decreased self-esteem.

Arising from a more traditional psychoanalytic/object relations perspective, one might use Chodorow's theory (1978) regarding early experiences of anxiety arising from movement into the Oedipal/Electra complexes to address anxiety in homosexuality. Specifically, heterosexual boys must change the object with which

they need to identify from their mother to their father - no easy task given that they are attached to their mother and that she has usually provided most of the their nurturance. While girls don't have to change their object of identification, unlike boys, they have to change of their affections from their mother to their father in order to enter the Electra Complex. Chodorow suggests that these processes are anxiety provoking for boys and girls as they enter their respective Oedipal/Electra Complexes. How much more provoking for homosexual boys who have to engage in both processes - changing both their object of identification and object of affection? Thus, one could hypothesize that homosexual boys are placed in a double bind of anxiety - having to overcome two difficult object changes at the same time. Homosexual girls, by the same reasoning, would have less anxiety because they would have to do neither - changing neither their love object nor their object of identification.

During childhood development, there are other possible sources of anxiety for children who grow up to be Gay or Lesbian. Homosexuals often report that for a long while before their "coming out," there is a negative feeling, or sense, of "differentness" between them and their social environment. It may be suggested that from very early, as the self-structure and self-esteem are developing in the context of significant problems, the individual begins to feel different and deficient. During this "Pre-Coming Out/Identity Confusion Stage" (Coleman, 1981/Cass, 1979), resultant feelings of anxiety, worry and dread grow and serve to foster the "heterosexual false-self" and the suppression and repression of homosexual impulses. The closet walls are strengthened. Perry et al. (1956) suggest that anxiety for the homosexual is based on

the knowledge that he or she is "deficient" in a very important way and that he or she realizes "it" cannot be "fixed." With no ability to receive accurate information regarding homosexuality, the resolution of this cognitive dissonance is based on inaccurate information with the inevitable conclusion, "I am seriously deficient." This internalization of societal norms results in chronic guilt and self-loathing, forming the bases of a deeply-rooted anxiety and of an internalization of homophobia.

Further, anxiety can be experienced when the homosexuality identity formation process moves into the stage of "Coming Out" (Coleman, 1981) or "Identity Comparison" (Cass, 1979). This is the point at which homosexuality is first openly acknowledged to the self. Malyon (1982) found patients in this stage of development to experience intense anxiety. At this time, an individual must not only directly confront the aforementioned, powerful, internal misconceptions; but also, he or she must do so in the face of political, economic, social, religious and medical taboos. Thus, the initial phases of homosexual identity formation are wrought with cognitive challenges - from both internal and external sources - often associated with high levels of anxiety. At times, these anxieties can grow to a point in which fear of fragmentation of the self-structure ensues and/or suicide is contemplated. Either way, foreclosure of the identity formation process can be a result. One might surmise that it is the strength of the self-structure, including its ability to resolve self-related cognitive dissonance as it enters the identity formation process, which determines its capacity to handle these anxieties and incorporate new aspects of self.

A turning point for anxiety in the homosexual identity formation process might

be seen in the stages of formation in which individuals begin to tell others of their homosexuality and start having intimate homosexual relationships - "Coming Out" and "First Relationships" (Coleman, 1981) or "Identity Tolerance" and "Identity Acceptance" (Cass, 1979). These "sharings" are often what Gays and Lesbians refer to as the most difficult times of their lives because of the anxiety being aroused by fear of rejection. From a self psychology point of view, there is a need for affirmation or mirroring which, if gone unmet, could result in further self-fragmentation. When those they tell respond with acceptance, and when they enter partnerships, they see their sexuality reflected back to them by another human being for the first time. Likewise, if the person they come out to is someone they idealize, an accepting response serves as a source of strength and calm, and, quells anxiety. This is a profound experience for the self-structure. It is stabilizing; the anxiety, stemming from fear of fragmentation of the self, lessens. If, on the other hand, the sharing results in rejection, the anxiety is worsened. The individual loses sight of his or her "self" in the negative, non-accepting view the other holds of him and is not calmed, but, is rejected. A chance to be affirmed, to identify with another and to quell the anxiety of a fragmented self-structure, is lost - with the potential of further damaging the self.

Research designed to explore anxiety within the homosexual community has been limited. As with self-esteem, it has not been done with the process of sexual identity formation in mind. Rather, researchers have attempted to use narrower constructs like "commitment to a deviant identity" (Hammersmith & Weinberg, 1973),

"positive Lesbian and Gay identity" (Miranda & Storms, 1989), "informed others of sexual preference"/"comfortable with gay identity"/"in long-term relationships" (Schmitt & Kurdek, 1987) and "number of years out of the closet" (Binks, 1989).

All four of these studies found lower anxiety by using the above construct(s) to explore some aspect of increased homosexual adjustment. Hammersmith and Weinberg found decreased anxiety symptomatology for subjects who were so committed to a homosexual identity that they would not change their sexual orientation if given the chance. Miranda and Storms found level of neurotic anxiety (Eysenck Personality Inventory) to successfully differentiate, on a scale from one to seven, between those who were happy and satisfied with their sexual orientation and those who were not. Schmitt and Kurdek found lower trait anxiety in those Gays who disclosed their homosexuality to others and were in long-term relationships - two aspects previously identified as part of the homosexual identity formation process. They also found lower social anxiety for those who were comfortable being Gay. Binks, controlling for age, found trends which indicated that the longer Lesbians perceived themselves to be out of the closet, and the farther they felt they were out of the closet, the lower their experience of state anxiety. He also found that Gays who had been out of the closet for longer than five years were significantly lower in state anxiety than those who had been out of the closet for two to five years.

Using these researchers narrowly defined constructs relating to homosexual identity formation is helpful in that associations between anxiety and some aspect of the homosexual identity formation process has been established. Without basing them

in context of the profoundly complex process of sexual identity formation they are, however, incomplete. A measure of the level of homosexual identity consolidation would be a more thorough way to investigate these relationships.

Fear: In the writing on homosexual identity formation, there has been an underlying assumption that fear is a major part of the life experience for Gays and Lesbians. However, other than anecdotal reporting of various fears (e.g., AIDS and telling others of one's homosexuality) there has been little research on how a life permeated by "fears of revelation" of homosexuality might be related to fearfulness (as measured by number of fears).

The ability to cope with fears, and overcome them, requires a healthy self-system and a strong ego. One can imagine how a weakened self, or ego, of someone in the early stages of homosexual identity formation, might be at a disadvantage when it comes to this coping process. Given the relationship of fear to self-esteem, anxiety and anxiety sensitivity it is put forth that the numbers of fears will be lower for those in the later stages of the homosexual identity formation process than those in earlier stages.

"Number of fears" (fearfulness) is associated with anxiety sensitivity, above and beyond that level explained by state/trait anxiety (Binks, 1989; Peterson & Reiss, 1992). Peterson and Reiss (1992) and Reiss (1991) suggest high anxiety sensitivity (to be discussed later) results in fear situations having a very high negative valence and, thus, the higher the anxiety sensitivity, the more fears a person is likely to develop.

There is reason to believe many homosexuals might have higher levels of anxiety sensitivity (see later treatment) and, thus, for these individuals, a larger number of fears should be present resulting in a stronger avoidance of the resolution of the identity formation process. Therefore, the more unresolved the identity resolution due to avoidance of anxiety, the more likely high anxiety sensitivity is present along with a greater number, and intensity, of fears - including fears of exposure and rejection.

A closer look at the homosexual identity formation process will reveal some of the points where fear plays an important role. Heterosexual role expectations interfere with the development of a healthy self-structure. Decreased self-esteem, with the onset of the heterosexual false-self, results (as discussed in greater detail in the section on self-esteem). Anxiety is a manifestation, according to self psychology, of the *fear* of fragmentation of this self-structure. As challenging situations come up, the self may not be strong enough to cope with them and, fearing disintegration, may retreat. Thus, for young homosexuals with already weakened self-structures, fear ensues in potentially phobic proportions when new and difficult challenges arise - opportunities are lost.

The combination of the wish to be mirrored by, and model, heterosexual parents, and the internalization of the homophobia evident throughout society, result in the darkly kept secrets of homosexuality around which tremendous fear takes hold. As feelings of differentness mount, and as attacks on homosexuals are witnessed, fear and panic increase in Gay and Lesbian youth, especially during adolescence. Binks (1989) found higher levels of panic for homosexual men when compared to heterosexual men.

In fact, it is the discovery of these homosexual impulses and fantasies by parents, peers or even self which seem so frightening (and potentially damaging to the self-structure) that some homosexuals choose to remain closeted for their entire life. For these individuals, fear of rejection and loss result in conscious and unconscious choices against homosexuality leaving them fixed in the first stage of homosexuality identity formation.

Movement through the rest of the stages of homosexual identity formation might be summed up as a process of facing and surmounting these fears of self-fragmentation, rejection and loss, over and over again. Unlike other minority groups, Gays and Lesbians have the choice of whether or not to reveal their minority status to each individual person with whom they come into contact. In doing so, they expose a piece of the darkly-kept secret identity hidden in their personal closet. At first, much cognitive energy is put into each individual decision. Fear of fragmentation of the self due to retribution in the form of chastisement, confirmation of their own homophobia and, the worst, rejection is contemplated. Often, ego building is practiced before a revelation is made; support of friends is gathered first and then the secret is revealed to someone new. Very often, the decision is based on a gathering momentum of self-worth/self-identity.

In a decision to reveal sexual orientation, the advantages of increased congruity in one's identity are weighed against the level of fear that would have to be faced and the potential for fragmentation of the self. Over time, it is learned either that homosexuality is bad by reinforcement of internalized homophobia from homophobic

respondents (with identity foreclosure as the result), or, that homosexuality is good by extinction of internalized homophobia through supportive respondents and the resultant coalescence of the self (with advancement through the stages of formation).

Sometimes, fantasy of retribution alone will be enough to reinforce the foundation of the closet walls and foreclose development.

Binks (1989) found that the number of fears which Gays and Lesbians experienced varied (by their own determination) according to the number of years since they "came out of the closet" and "how far out" of the closet they felt they were. The numbers of fears were less the longer individuals had been out of the closet and the farther "out" they felt they were. Both of these variables relate to homosexual identity formation. They support the theory that as homosexual identity issues are dealt with (resulting in increased self-cohesion and decreased fear of fragmentation, loss and rejection), the fear of facing challenging situations is lessened.

Depression: Researchers have attempted to find differences between homosexuals and heterosexuals on levels of depression. Three studies have found male homosexuals to experience higher levels of depression when compared to male heterosexuals (Bell & Weinberg, 1978; Nurius, 1983 and Atkinson et al., 1988); while, one study found there to be no difference (Carlson & Baxter, 1984). Again, conflicted findings are likely a result of the lack of control for level of sexual identity consolidation.

There are reasons to believe that depression would be a key factor in homosexual identity formation. Self-psychology would suggest despair accompanies

the feelings of not having adequate mirroring and idealizing experiences. Lacking the resilience of a strong self-structure, the inevitable result is a propensity to experience depressive symptomatology when confronted with life's challenges.

Isay (1989), writes of two sources of depression in the development of the homosexual. "Guilt and self-loathing" are a part of the early childhood experience of the homosexual because, he contends, homosexual identity begins with same-sex erotic fantasies from that developmental period; children internalize negative parental attitudes toward homosexual play. This guilt continues to increase until adolescence when it intensifies as the need for peer acceptance becomes crucial and the separation from parents accelerates. At that time, the internalization of negative societal attitudes further damages the self - and despair and self-loathing increase.

Depression usually has isolation and feelings of loneliness as an integral part of it's constellation. It is not surprising, then, that much of what is being suggested by self-psychology theory and by Isay is that there is an ever increasing isolation in the developmental process of a homosexual, from the family and the peer group.

Malyon (1982) writes about a vulnerability to depression which occurs as a response to the initial awareness of "more-than-incidental" homosexual promptings. Awareness brings with it internalized homophobia, the negative belief system which has been internalized throughout childhood. Self-critical voices ensue and attack what may already be a fragile self-structure. As one reflects on the possibility of being homosexual, despair is always one of the first negative affects to be confronted.

Buhrich and Loke (1988) reviewed the literature on suicide and homosexuality

and found that homosexuals do exhibit more parasuicidal behavior than heterosexuals. They also found that as an individual feels more integrated into the homosexual community, the risk of parasuicidal behavior diminishes. This is not surprising given the inherent increased social support as one progresses through the homosexual identity formation process.

Hammersmith and Weinberg (1973) found that commitment to a Gay identity relates to lower levels of depression. Unfortunately, subjects had a forced choice between wishing they were not homosexual, and, not giving up homosexuality even if they could. Similarly, Schmitt & Kurdek (1987) found decreased depression in subjects who told others of their homosexuality, were comfortable with their orientation and were in long-term relationships. While a complete analysis of the impact of the homosexual identity formation process on depression has not yet been researched, both of these studies used variables which relate strongly to certain aspects of homosexual identity formation and support the theory that those who have integrated their sexual identity into their self-structure experience less depression.

Anxiety Sensitivity: It could be argued that many personality factors would be affected by the process of homosexual identity formation due to it's integral link with the structure of the self - the core of how we define ourselves. However, there are factors which are just as likely to energize/motivate the formation process as they are to be affected by it. One of these is anxiety sensitivity. Anxiety sensitivity refers to the individual differences in what people think will happen to them when they experience

anxiety (Peterson & Reiss, 1992). Some have the expectation that their anxiety will lead to panic, worry and even death, while others believe it to be unpleasant, yet, a harmless experience. Those who experience a significant amount of anxiety sensitivity make choices to avoid anxiety provoking situations. Thus, one would expect these individuals to be less likely to complete the homosexual identity process given the amount of anxiety and fear they would experience as it unfolds. Whereas, those low in anxiety sensitivity would better tolerate the experience and be less likely to foreclose on their developing identity.

Schmitt and Kurdek (1987) used male homosexuals to study a related variable which they termed "sensitization." It is defined as a tendency to deal with threat through intellectualization, obsession and ruminative worrying. They found these individuals to be less comfortable with their homosexual orientation and to share it with fewer people. Binks (1989) found Lesbians with lower anxiety sensitivity to be farther "out of the closet" than those with higher anxiety sensitivity. The research also showed that the greater the number of years since "coming out" (presumably, the further along in homosexual identity formation) the lower the anxiety sensitivity for both Gay men and Lesbians. The research did control for age, however, it was not longitudinal and so it could not be determined if lower anxiety sensitive individuals were more likely to complete the homosexual identity formation process, or, if anxiety sensitivity decreases as the self-identity increases in cohesion and strength. However, since high anxiety sensitivity by definition causes people to avoid anxiety provoking situations or react more strongly in situations where anxiety is unavoidable, it can be

postulated to determine, to some degree, the success of the homosexual identity formation process. Reiss et al. (1986) obtained a two week test-retest correlation of .75 and Maller and Reiss (1992, in press) reported a three year test-retest correlation of .71 - a very high level of stability over three years.

Peterson and Reiss (1992) and Reiss (1991) have proposed anxiety sensitivity as a risk factor for anxiety disorders. Additionally, in several studies, anxiety sensitivity has been more predictive of arousal and anxiety to stress and threat than trait anxiety. Anxiety sensitivity would appear to be a personality variable which determines the anxiety response to threat. For the purpose of this study, anxiety sensitivity is assumed to be a personality variable which develops independent of sexual identity formation and is a causative factor in how well, and if, an individual can handle the threat to ego, self and other aspects of homosexual identity formation. Although this assumption is adopted for theoretical purposes, it can not be tested in the study to be proposed since the study will be correlational in nature.

Locus of Control: It is possible that homosexuals in the early stages of homosexual identity formation are more likely to have an external expectancy of reinforcement. This is suggested because, it has been shown with other oppressed groups in Western culture (as reviewed by Joe, 1971; Lefcourt, 1976) that individuals who are restricted by environmental barriers and feel subjected to limited opportunities (lack of reinforcement for homosexual impulses and fantasies) develop an external outlook on life. Lefcourt writes, "those who are able...to attain more readily the valued outcomes

that allow a person to feel personal satisfaction are more likely to hold internal control expectancies." Research has shown externals tend to describe their mothers as being less nurturant (MacDonald, 1971) and experience more anxiety (Butterfield, 1964). This would be consistent with the Kohutian theory stated above which suggests that nurturant difficulties (lack of mirroring/affirmation) result in the higher degree of anxiety that homosexuals experience when they are raised in heterosexual environments.

Like the aforementioned factors related to homosexual identity formation, it is also possible that locus of control would be positively effected by the formation process and become more internal as the individual's self-structure is strengthened and feelings of being in control of one's sexuality is exercised for the first time. With each new step taken toward "Identity Synthesis," Gays and Lesbians learn, much later than their heterosexual counterparts, that change *can* be effected on their personal environments as control is exerted in perhaps the most significant area of human development. Lefcourt (1976) argues for the position that locus of control can change because it is not a trait; rather, he stresses that it is a way in which people construct interpretations of events - which can easily be imagined as subject to change processes. He reviews the literature which supports the hypothesis that locus of control changes as learning occurs.

As with anxiety sensitivity, however, locus of control might be a factor which is just as likely to predict homosexual identity formation as it is to be affected by it. The decision to inform someone of one's homosexual orientation or enter a

homosexual relationship requires a belief that one can effect a positive change in one's own environment. The process of homosexual identity formation is, in part, a coping process; those with an internal locus of control are more likely to successfully move through the stages of formation. This hypothesis is supported by the research showing internals to be more initiative in their efforts to attain goals and to control their environments (Phares, 1965; Seeman, 1963; Seeman & Evans, 1962), and, in Davis and Phares' study (1967) showing internals as more willing to solve personality problems.

With each new stage of homosexual identity formation, stress is encountered. And, as noted above, the experience of anxiety, fear and depression can result in the foreclosure of development. Schmitt and Kurdek (1987) used Phares' (1968) theory that high outcome expectancy is related to positive adjustment when they studied the relationship of locus of control to "positive Gay identity" and Gay relationship involvement. They found that internal locus of control was positively correlated with one variable - being in long-term, homosexual relationships. While relationship involvement is only a facet of the homosexual identity formation process, it is a significant part of a positive Gay adjustment and is worth further study. One would expect that homosexuals with an internal locus of control would be more apt to move through the formation process due to their high outcome expectancy and belief that they can effect change in their environment. A second study (Allen, 1980) explored the relationship of locus of control to politically activity. Allen found, as one would expect, more politically active individuals to have an internal locus of control. This

supports a relationship between locus of control and level of homosexual identity consolidation, given that one has to have accepted one's homosexual identity fairly well to become politically active on the issue. In fact, it is possible that Allen's results were seriously confounded by level of homosexual identity consolidation.

Limitations of Prior Research

Research attempts at comparisons between homosexuals and heterosexuals have been misguided. Before comparing homosexuals and heterosexuals on factors like anxiety, self-esteem, and depression, these variables first need to be explored within a homosexual population. There has been an error of assumption that homosexuals are a homogeneous group (an error rarely made about heterosexuals). In fact, in one very important way, homosexuals are significantly less homogeneous than heterosexuals. Namely, level of sexual identity integration varies tremendously (Cass, 1984b) and is dependent upon where each individual is within their own sexual identity formation process.

Previous attempts to study homosexuality, especially those attempting to compare homosexuals with heterosexuals, have erred in not controlling for the variation in sexual identity integration in homosexual groups (Myrick, 1974; Horstman, 1975; Bell & Weinberg, 1978; Strassberg et al., 1979; Jacobs & Tedford, 1980; Skrapek & MacKenzie, 1981; Nurius, 1983; Granero, 1984; Carlson & Baxter, 1984; Atkinson et al., 1988; Binks, 1989). It is very likely that sexual identity

integration, a factor inextricably tied to the very core of the self-structure, is responsible for confounding these attempts at comparison and explains why these studies have always yielded conflicting results. The previous literature review suggests that homosexual identity formation is the confounding variable in these conflicting studies. Personality factors (self-esteem, anxiety, fear, depression, anxiety sensitivity and locus of control) have been shown to vary within homosexual groups according to variables directly related to homosexual identity formation (Hammersmith & Weinberg, 1973; Myrick, 1974; Kooden et al., 1979; Jacobs & Tedford, 1980; Burbidge & Walters, 1981; Schmitt & Kurdek, 1981; McDonald, 1982; Bye, 1984; Trenchard & Warren, 1984; Binks, 1989; Miranda & Storms, 1989; Savin-Williams, 1989a). Therefore, in some studies homosexual groups were likely to be much more advanced in their own sexual identities, making them very different from other groups which may be significantly more immature. For example, adult homosexuals who have not completely self-identified as Lesbian or Gay might best be compared with early stage adolescents; they should not, as has been done in the past, be compared with heterosexuals who may be more fully sexually-integrated.

Sexual identity integration has not been measured in either heterosexual or homosexual groups and has gone unstudied (as noted by Helminiak, 1989, in the self-esteem literature). Because this variable has not been addressed in method or discussion in much of the past research, the results of each study, at best, may not be generalizable to other homosexual groups. At worst, the results are seriously questionable regarding any conclusions made about the group of homosexual

individuals studied. This confounding variable may be responsible for fueling the debate, which has continued for at least one-half of a century, as to whether or not homosexuals are somehow innately more "sick." Research involving homosexual groups should assess level of sexual identity integration because as the literature review has indicated, many factors are likely to either be influenced by it or influence the process itself.

Studies which have begun to use factors related to homosexual identity formation have taken the first steps in correcting these past mistakes. This research is reviewed above and is encouraging because the personality factors once used to label homosexuals as a group (i.e. that they have high anxiety and depression, and low self-esteem) are now being explored much more aptly within homosexual groups. Comparison studies of homosexuals and heterosexuals are being abandoned in favor of within-group analyses of homosexuals.

Unfortunately, a method for measuring level of homosexual identity integration has only recently been explored, and so, researches have been using only certain facets of this massive process like "level of comfort with homosexuality," "disclosure of homosexuality" and "establishment of an intimate relationship." This has limited the resultant conclusions. For example, a well-designed study (Schmitt & Kurdek, 1987) found that male homosexuals who inform others of their homosexuality experience less depression and trait anxiety than those who do not. While this is very valuable information, it does not allow one to draw conclusions about the overall process of homosexual identity formation and whether or not there is inherent value in

encouraging the process to unfold even though the variables studied are a part of this greater process.

Furthermore, because homosexuality is still, by and large, taboo in society, the homosexual community is somewhat closed to outsiders. Confidentiality is often of such importance that many individuals would never consider participating in research. These issues have resulted in serious methodological problems. Many research designs have, therefore, used case studies or relied on small sample sizes. Few include both men and women, and fewer still have been able to acquire information on individuals in their earliest stages of homosexual identity formation.

Purpose of Present Study

The purpose of this study was to explore how six personality factors (i.e., self-esteem, splitting, anxiety, anxiety sensitivity, fear, depression and locus of control) are related to level of homosexual identity integration. In all of the research attempting to understand how homosexuality relates to these factors, there have been only 11 studies which have considered "level of homosexual identity integration" in their research. And has been previously pointed out, they have only measured narrow constructs related to it. There have been no studies exploring these personality factors along the entire continuum of level of integration - in part because formal models for the process of how homosexual identity integration is achieved are only ten years old and measures of it are relatively new.

Three personality factors of particular interest were self-esteem, anxiety and depression. These are variables which have been used in research to draw comparisons between homosexuals and heterosexuals. Studies have often conflicted in the conclusions they have drawn - failing to identify, in a definitive way, just how homosexuality compares with heterosexuality on these variables. Sometimes differences have been found, at other times, no differences have been found. These types of studies should not continue until a thorough investigation of these personality factors has taken place within the homosexual community itself in context of the homosexual identity integration. This study began that investigation by exploring how these three personality factors, along with the others noted above (fear, splitting, anxiety sensitivity and locus of control), relate to homosexuality in the context of homosexual identity integration.

The purpose of studying splitting, fear, anxiety sensitivity and locus of control - in conjunction with anxiety, depression and self-esteem - was to further the understanding of the homosexual identity formation process; specifically, it examined how each is associated with level of homosexual identity integration. This identity formation process has been explored theoretically in the last twenty years and only in the last ten years have formal models been proposed. These models are used extensively throughout the literature on homosexuality, yet, have not been thoroughly tested. One validity study has been done by Cass (1984b) on her own model. Pilot work accomplished for this study further confirmed the validity of Cass' model and, validated a measure for Coleman's model. Using two measures of level of sexual

identity integration based on what seem to be the two best models of homosexual identity formation (which are much more similar than different) allowed for construct validation of these two measures. This study is one of the first to use these models to explore variables relating to them - helping to shed further light on the homosexual identity formation process.

Hypotheses

Based on the literature review, several hypotheses were generated. Each were tested at the .05 level of significance. They were:

- H-1 Two measures of homosexual identity integration (Cass, 1979; Coleman, 1981) were expected to be related to each other in a positive direction;
- H-2 A more fully integrated homosexual identity was expected to be associated with a higher level of self-esteem;
- H-3 A more fully integrated homosexual identity was expected to be associated with a lower level of splitting;
- H-4 A more fully integrated homosexual identity was expected to be associated

with a lower level of trait anxiety;

H-5 A more fully integrated homosexual identity was expected to be associated with a lower number of fears;

H-6 A more fully integrated homosexual identity was expected to be associated with a lower level of depression;

H-7 A more fully integrated homosexual identity was expected to be associated with a lower level of anxiety sensitivity;

H-8 A more fully integrated homosexual identity was expected to be associated with an internal locus of control.

CHAPTER THREE: METHOD

Sample

Volunteer subjects were obtained through the local chapter of Dignity Washington - a group of between four and five hundred Gay and Lesbian individuals who come together every week for a Roman Catholic liturgy and extensive social events. It should be noted that for many members, the social groups are at least equal to the religious aspect of Dignity as the primary motive for attendance. The group is approximately 85% men. They range in age from approximately 18 to 70.

Seven hundred and forty four questionnaires were handed out on three consecutive Sundays. Two hundred and seventy two were returned within six weeks yielding a response rate of 37 percent (see Table 3.1).

Table 3.1

Questionnaire Distribution and Rate of Return

<i>Dates Distributed</i>	<i># Distributed</i>	<i># Returned</i>	<i>Response Rate</i>
May 17-31, 1992	744	272	37%

While the subject pool was limited, to some extent, by religion, income level and a mostly Caucasian racial identity, it should be noted that Cass (1984b) found no significant differences between subjects in any of the six stages of homosexual identity formation by gender, occupation, religious upbringing, birth order, birthplace, age of first awareness of homosexual feelings and age of first labeling of self as a homosexual (she did not report on potential ethnic differences). Descriptive statistics on the sample are in Tables 3.2 and 3.3.

Table 3.2

Demographic Characteristics of Sample: Continuous Measures

<i>Type of Demographic Information</i>	<i>N</i>	<i>M</i>	<i>Range</i>	<i>SD</i>
Age	272	36.4	18-61	8.9
Income*	254	38.4	1-99	20.0
SOC-SUP (Hist. of Social Support)	270	9.1	2-14	3.1

*Income is reported in thousands of dollars.

Table 3.3

Demographic Characteristics of Sample: Discrete Measures

Type of Demographic Information	<u>N</u>	Percent
Gender		
men	251	92.3
women	21	7.7
Education		
no high school diploma	1	0.4
high school diploma	6	2.2
some college - no four year degree	33	12.1
four year degree	95	34.9
graduate study	135	49.6
missing data	2	0.7
Occupation		
unskilled	6	2.2
skilled	22	8.1
white collar	220	80.9
missing data	24	8.8
Ethnicity		
African American	9	3.3
Caucasian	239	87.9
Hispanic American	9	3.3
missing data	15	5.5
Religion		
Agnosticism	6	2.2
Atheism	2	0.7
Eastern	1	0.4
Evangelical Protestantism	6	2.2
Judaism	3	1.1
Protestantism	46	16.9
Roman Catholicism	192	70.6
other	13	4.8
missing data	3	1.1
Living Arrangements		
alone	113	41.5
with roommate/friend	75	27.6
with family (parents/children/siblings)	11	4.0
with significant other	66	24.3
missing data	7	2.6
HIV Status		
positive	20	7.4
negative	200	73.5
"don't know"	46	16.9
missing data	6	2.2
Dignity Membership		
member	171	63.8
non-member	97	35.7
missing data	4	1.5

Knowledge of an HIV+ status raises levels of depression and anxiety (Atkinson et al., 1988); it would also likely effect level of fear and the process of homosexual identity formation. For example, when a male homosexual finds he is HIV+, often the process is rushed forward in an attempt to disclose his homosexuality to people whom he may have otherwise chosen to wait awhile longer to tell. Because of the "risk" status of male homosexuals, often when a person shares he is HIV+, it is assumed he is homosexual. Who to inform of HIV status becomes inextricably bound to the self-disclosure of homosexuality. The potential confounding nature of this kind of affectively laden information would influence an individual's responses to the questions. The potential confounds - the fact that it is affectively laden information, that often people are "forced" to rush through the homosexual identity formation process - make a decision to leave out HIV+ individuals necessary. This resulted in the removal of 20 men (19 Caucasian, 1 African American) and yielded a final sample of 252.

Measures

In this study there were nine measures assessing eight variables. Level of homosexual identity integration was assessed by two measures based on two separate models of homosexual identity formation. One of these measures of homosexual identity integration included questions on basic demographics. There were seven

measures for seven personality factors which were self-esteem, splitting, anxiety, fear, depression, anxiety sensitivity and locus of control.

Homosexual Identity Integration: Homosexual identity integration (HII) was measured in two ways. Cass (1984b) has been developing a measure based on her model (described in detail in the literature review); unfortunately, it was not ready for use at the time of this research. However, in the validation work for the measure (1984b), she used the "Stage Allocation Measure" (SAM). It is carefully based on her model which is the most thoroughly developed model of homosexual identity formation. On the SAM, a subject places himself/herself as either a heterosexual or into one of the six stages of homosexual identity formation by reading seven life scenario descriptions. Cass (1984b) reports strong content, concurrent and construct validity for the SAM - her as yet unfinished measure of homosexual identity formation successfully differentiated between subjects across the stages of the SAM. Cass has pointed out that exploring homosexual identity formation as a process of stages has been supported in the literature. Specifically, she notes the work of Allen (1980), who reported in a retrospective study that subjects acknowledged experiencing relevant stages in the chronological order predicted by Cass' model. She also notes that Troiden and Goode (1980) showed subjects reported certain relevant experiences in a specific sequence. In this study, the heterosexual scenario was left out because the research included only individuals engaged in the formation of a homosexual identity. The focus of the SAM, then, was to have individuals place themselves into one of the

six stages of homosexual identity formation, thereby assessing HII.

The literature also makes a very strong case for the importance of thinking of homosexual identity formation in terms of it being non-linear. This point has been discussed in detail in the literature review. A second measure was developed in pilot research for this study to take into account the non-linear qualities of the homosexual identity formation process. It is based on Coleman's model (1981). Items are drawn from the different dimensions of each stage. There are five items per stage and each are on a scale of 1-7, e.g. "I acknowledge to myself that I have erotic thoughts and fantasies about members of my own sex," "The idea of having a stable/committed homosexual relationship is important to me" and "I feel comfortable openly acknowledging that I am predominantly homosexual with the people I work with and/or attend school with." There is a total of 20 items. They are in order of stage sequence, however, some were reversed to avoid having some subjects fall into a mental set (this was not the case in the reliability/validity information reported below). In this way, the "Homosexual Identity Integration Questionnaire" (see Appendix), hereafter referred to as the HIIQ, results in a cumulative score of HII rather than having individuals placed in one particular stage of the formation process as in the SAM.

Reliability and validity studies were carried out on the HIIQ as part of the preliminary work for this research. Test-retest reliability was accomplished by using 18 subjects from Dignity Washington. The HIIQ was administered twice, two weeks apart. The test-retest coefficient was 0.91, indicating the measure is reliable. Validity

was measured in several ways. The SAM was administered immediately following the second administration of the HIIQ and was correlated with the scores from the first administration of the HIIQ. A correlation of .77 was found, providing evidence of convergent validity. In an attempt to establish face validation, the HIIQ was evaluated by eleven Gay and Lesbian psychotherapists who evaluated it on a scale of 1-5, "1" representing extreme inaccuracy and "5" representing extreme accuracy. The question they were asked read, "To what extent does this questionnaire generally tap how far 'out of the closet' someone is?" On the 1-5 scale, the mean was 4.5 with a range of 3-5. Face validity was also measured by having six individuals answer the same question who were identified in the Gay and Lesbian community as "out of the closet." The mean was again 4.5, and the range, 4-5. All three methods indicated the scale to be valid.

Using two measures in this study was valuable in several ways. As relatively new measures, they served to cross-validate each other. They are based on the two theoretical models which have yielded the most significant contributions to the literature on homosexual identity formation to date - models which agree much more than disagree. Having both measures allowed for exploration based on Cass' emphasis on stages and Coleman's emphasis on non-linearity - two important, but different perspectives. Having both theories represented increased the amount of information which could be gleaned from this research.

Demographic Information: Demographic information was added to the beginning of

the HHIQ and can be found in the Appendix. Questions included age, gender, level of education, occupation, ethnic background, religious affiliation, approximate annual personal income, living arrangements and HIV status. The perception of past social support received from family and friends ("SOC-SUP") was also included. Two questions from the "Multidimensional Scale of Perceived Social Support" (Zimet et al., 1988) were modified in an attempt to assess perception of *past history* social support (see appendix). Finally, a question was asked about the number of questionnaires they received to determine if they were members of Dignity. Dignity members received two questionnaires, others received one.

Self-Structure: Two measures were used to explore two aspects of the nature of the self; namely, self-esteem and splitting. The instrument used to measure self-esteem was the Rosenberg Self-Esteem Scale (Rosenberg, 1965), hereafter referred to as the RSES. This scale is a widely-used measure of global self-esteem, and, is the most frequently used measure of self-esteem in the homosexual identity formation literature (Greenberg, 1976; Hammersmith & Weinberg, 1973; Jacobs & Tedford, 1980; Myrick, 1974; Savin-Williams, 1989). It is a self-report questionnaire with ten items. Each is a statement about one's self and is rated on a four point scale which varies from strongly agree to strongly disagree. Reliability information is available: Rosenberg (1989) found a Guttman scale reproducibility coefficient of .92; Silber and Tippet (1965) found a test-retest correlation over two weeks of .85; internal consistency scores (Chronbach's alpha) range from .80 (Goldsmith, 1984) to .92 (Orme et al.,

1986). Strong validity information is also available. Silber and Tippet (1965) found convergent validity with several other self-esteem scales and clinical assessments which ranged from .56 to .83. They found correlations near zero for discriminant validation procedures with "stability of ratings" and "stability of perceptual performance." Considerable construct validity was reported by Rosenberg (1965).

Splitting was assessed using a revised version of a scale measuring splitting (SS-R). It was originally developed by Gerson (1984) with the help of experts in the field and began as a 14 item self-report measure. Items were created to vary in the type of relationship presented and the degree of emotion evoked. Respondents are directed to answer questions about "how people feel," on a scale of 1-7, by indicating how true the statement is for them. Sample items are: "Sometimes I feel my love is dangerous," and "When I'm with someone really terrific, I feel dumb." Reliability of the original 14 item Splitting Scale is high; Gerson reported internal consistency of .70 and a test-retest reliability (with a three week time lapse) of .84. The measure was developed by experts and has high face validity. Construct validity was evidenced by a correlation with a Narcissistic Personality Disorder MMPI Scale (1978) of .25 and a negative correlation with the Rosenberg Self-Esteem Scale of -.41. An atheoretical, *exploratory* factor analysis indicated a dominant factor of 10 items accounting for 45.8% of the variance and indicating the relative homogeneity of the scale. With the variance accounted for by this factor removed, two factors accounting for 16.1% and 15.9% of the total variance emerged. The first seemed to relate to grandiosity (an emphasis of Kohut when he writes about vertical splitting), and the second, to the

activation of splitting in intimate relationships. Glassman (1986) attempted cross-validation using a more exacting, theoretically-based (Kohut and Kernberg) *confirmatory* factor analysis - looking for the three factors which Gerson found. This cross-validation failed and Glassman re-examined the items. Instead of using a sequential approach in which items are first selected based on internal consistency and factor loadings, and then, validating the resultant scale with external scales (RSES and MMPI Narcissistic Personality Disorder Scale) to achieve the final version of the scale with construct validation, he used more stringent criteria. Through canonical correlation analysis, he *simultaneously* had each item correlate with other items and with the external measures Gerson used for construct validation. This procedure resulted in eight items with very high construct validation. A confirmatory factor analysis was then run on these items with the theoretical expectation that two factors would result based on the two related, but different, theories of Kohut and Kernberg. This expectation was confirmed. The two factor model proved a good fit, whereas a one factor model did not fit. Items reflecting Kohutian theory loaded more strongly on one factor, and, items reflecting Kernberg's theory loaded more strongly on a second factor resulting in a revised scale with stronger construct validity. Finally, Glassman chose to remove one of these eight items because its correlations with both factors were low ($< .17$) and its removal raised the internal consistency from .60 to .65. The final version can be found in the Appendix.

Anxiety: Anxiety was measured using the *trait* portion of the Spielberger, Gorsuch and

Lushene (1970) "State-Trait Anxiety Inventory" (STAI-T). The STAI-T has 20 items - each on a 4-point scale. Respondents are required to rate the frequency with which they usually feel particular anxiety symptoms. Sample items are "I am jittery" and "I feel frightened." The STAI-T is widely-used and was chosen because of it's consistently high construct validity (Beutler & Crago, 1983; Roberts et al., 1983). Internal consistency reliability was reported as .81 by Orme et al. (1986) which is very consistent with that reported by Spielberger et al. (1970).

Fear: Fear was measured by using 19 items from the 51 item "Fear Survey Schedule-II" (Geer, 1965) which formed two distinct factors as reported by Reiss et al. (1988). The two factors were termed "fear of rejection/criticism" and "fear of injury/illness/death." Hereafter, the Fear Survey Schedule-II will be referred to as the "FSS-II" and the 19 items derived from it will be referred to as the "FSS-IIR." The FSS-IIR can be found in the Appendix. For each item, a respondent is required to choose how much fear he/she feels. Choices are "none," "very little," "a little," "some," "much" "very much" and "terror." Sample items are "failing a test" and "being misunderstood." The Reiss study added all items from the Anxiety Sensitivity Index (ASI) into a factor analysis with the FSS-II and found that none of the items from the two factors of the FSS-II loaded on the factor consisting of all items from the ASI. This demonstrates high factor validity and supports the use of the FSS-IIR as an independent measure. Internal consistency reliability for the FSS-II is high - .94 (Geer, 1965). Correlations, with the Taylor Manifest Anxiety Scale, Welsh's A-Scale

(Geer, 1965) and Spielberger State Anxiety Inventory (Binks, 1989) provide evidence of discriminant validity. They explain between 17% and 32% of the variance indicating that fears contribute substantially to general anxiety, but, with low enough correlations to assure the FSS-II measures a separate, independent factor. Convergent validity was found when Geer correlated the FSS-II to five other tests of fear in which he had subjects approach either rats or a dog. These tests involved both examiners and subjects rating the intensity of tension experienced, distance from feared object, type of affect experienced and latency (the time to reach the point of closest proximity to the feared object). The correlations of the FSS-II with these measures ranged from .52 to .92 - indicating good convergent validity. Question number 16 was changed from "member of the opposite sex" to read "member of the same sex."

Depression: Depression was measured by the "Beck Depression Inventory - Short Form" (Beck & Beck, 1972), hereafter referred to as the BDI-SF. It is very similar to the standard version but has only 13 of the original 21 items. There are four statements for each item (wording of statements increase in both severity and number of points assigned) from which respondents are required to choose the one which feels the most like them. Beck & Beck succeeded in establishing its construct validity by correlating it with 598 in-depth psychiatric interviews. They obtained a correlation of .61 which is .02 better than that obtained for the standard form. The short form correlated .96 with the standard form. Gould (1982) reports a correlation of .94, and, that the internal consistency for the short form is .78, compared to .82 for the standard

form. Gould found the BDI-SF's criterion-related validity by correlating it with the Zung scale ($r = .41$), UCLA Loneliness Scale ($r = .23$) and the RSES ($r = .26$). These correlations were always within two one-hundredths of that obtained by use of the standard form. Gould states that these results support the use of the short form for research purposes.

Anxiety Sensitivity: Anxiety sensitivity was measured by the "Anxiety Sensitivity Index" (Peterson & Reiss, 1992), hereafter referred to as the ASI. Respondents are required to rate 16 items, based on their own experience, on a scale of 1-5, where 1 means "very little" and 5 means "very much." If an item does not describe their experience, subjects are instructed to answer on the basis of how they might feel if they had such an experience. Sample items are "It is important to me not to appear nervous" and "It scares me when I feel faint." Reliability work on the ASI (Peterson & Heilbrunner, 1987) has shown the internal consistency of the ASI to be .88 and the Guttman split-half reliability coefficient to be .85 - both using a group of students identifying themselves as anxious. Test-retest reliability by Reiss et al. (1986) with a sample of college students found the correlation to be .75. It was suggested that the correlation would be even higher with a wider range of scores from a broader subject pool. Peterson and Reiss (1987) report many instances of criterion related validity of the ASI. Individuals who are either anxious (Peterson & Heilbrunner, 1987), agoraphobic (McNally & Lorenz, 1987), experience panic disorder (McNally et al., 1989), or, experience posttraumatic stress disorder (McNally et al., 1987) consistently

score higher than "normals" on the ASI - a measure of the fear of fear. ASI scores better predict individual differences in fearfulness than that predicted by both general anxiety level and level of panic; the ASI also predicts level of panic better than anxiety (Binks, 1989). Similar conclusions have been drawn by Reiss et al. (1986) and Reiss et al. (1987) and are summarized in the *ASI Manual* (Peterson & Reiss, 1992). Three studies provide evidence for the factor validity of the ASI (Peterson & Heilbrunner, 1987; Reiss et al., 1986; Reiss et al., 1987). Namely, that it consists of a single factor. Finally, although the ASI correlates with measures of anxiety, panic, agoraphobia and fear, the variance explained is always low enough to conclude that the measures used are representing distinct factors and, so, discriminant validity is also achieved (Binks, 1989; Peterson & Heilbrunner, 1987; Reiss et al., 1986; Seidenberg et al., 1986).

Locus of Control: Locus of control was measured by the "Internal-External Locus of Control Scale" (Rotter, 1966), hereafter referred to as the I-ELCS. It has a 29 item forced-choice format. Test-retest reliability over periods between one to two months resulted in coefficients ranging between .48 and .84 (Rotter, 1966; Hersch & Scheibe 1967; Harrow & Ferrante, 1969). Internal consistency estimates of reliability have ranged from .65-.79 with nearly all in the .70s (Rotter, 1966). Rotter also reported good discriminant validity (low correlations) with measures of intelligence and political affiliation. Schneider (1968) constructed a forced choice activity and found that internally oriented males preferred skilled activities while externally oriented

males preferred chance activities indicating criterion-related/predictive validity is good. Dies (1968) found evidence of convergent validity when an internal-external locus of control test based on TAT stories predicted internality/externality with 80% accuracy. Construct validation of the I-ELCS has been thorough. Fitting with theoretical construct of internality, internally oriented subjects have been found to be higher than externally oriented subjects on subscales of the California Psychological Inventory and Adjective Check List (Hersch & Scheibe, 1967) - dominance, tolerance, good impression, sociability, intellectual efficiency, achievement via conformance, well-being, assertiveness, achieving, powerful, independent, effective and industrious. Other studies have attested to the solid construct validity of the I-ELCS (Williams & Vantress, 1969; Hamsher et al., 1968; Miller & Minton, 1969; Clouser & Hjelle, 1970)

Procedure

One week prior to the start of the data collection, members of Dignity Washington were addressed regarding the research. They were reminded of the second year research project in which some of them had participated in several years ago. A very brief explanation was given to them, namely, that this project arose out of that work and that it, also, was a questionnaire study. They were thanked in advance for their continued support in this type of research and were reminded that their participation would be strictly voluntary and anonymous; they were also told that participation would require approximately twenty minutes of their time. Finally, they

were told that they had the option of filling out the questionnaire after one of the next few meetings (the group meets weekly) or of taking it home and filling it out at their convenience (they were provided with stamped, self-addressed envelopes). A similar announcement appeared in the community bulletin given out at each weekly meeting.

Over three May 1992 meetings (17th, 24th, 31st), as they entered the meeting hall, individuals were asked to participate in the study on a voluntary and strictly anonymous basis. Given the nature of this research - namely, that it would be more difficult to acquire subjects in the earlier stages of homosexual identity formation - members of Dignity Washington were handed at least two questionnaires in an attempt to reduce this potential sampling bias (the second questionnaire for a friend not as willing to publicly acknowledge homosexuality). They were reminded that it would take approximately twenty minutes and told they could fill it out at home or at the end of the meeting. At least two stamped, self-addressed envelopes (for filling out at home and for "more closeted friends") and pencils were provided. They were instructed that it is was very important not to look ahead and that they would be told, at the end of the first questionnaire, what to do with the other(s).

The end of the first questionnaire requested that they ask a friend, whom they knew to be less willing to belong to a group which required such a public identification of one's sexual orientation, to complete the extra questionnaire and mail it in the accompanying envelope. A brief explanation noted that the success of the study required that a variety of individuals be recruited for the research. The first page of the questionnaire explained to all subjects general information about the study.

Namely, the same information that was announced at a Dignity meeting (and described above). The researcher's phone number was provided to answer any questions the friend may have and there was a space for non-Dignity members (as well as Dignity members) to put their address if they want feedback on results.

The purpose of this "controlled snowball" technique was to increase both the variance within the demographic variables and the number of subjects in the beginning stages of homosexual identity formation. However, any individual who filled out the questionnaire when approached by a Dignity member would already be involved in some disclosure. Therefore, the subject was somewhat limited in range of homosexual identity integration.

Because of the sensitive nature of this study - namely, that an attempt was made to reach individuals at different levels of homosexual identity formation - names or signatures were never requested. Finally, at the end of the questionnaire, subjects were reminded of their right of confidentiality and their volunteer status and then asked to provide their names and addresses if they would be willing to participate in a separate, longitudinal study.

CHAPTER FOUR: RESULTS

The following statistical analyses first begin with a report on the descriptive statistics of the variables involved in the first hypothesis and then continues with a test of the first hypothesis. Statistical analyses involved in testing hypotheses 2-8 follow and include: exploration of salient sampling issues regarding hypotheses 2-8 including Dignity/non-Dignity status, religion, gender, and ethnicity; a report on the descriptive statistics of each personality factor used to test hypotheses 2-8; testing of the hypotheses; and, finally, a report of the results of further exploration of the homosexual identity formation process through use of Cass' model (1979).

Descriptive Statistics Regarding, and Analysis of, Hypothesis 1

There were 246 subjects who responded to both the Stage Allocation Measure (SAM) and the Homosexual Identity Integration Questionnaire (HIIQ). An additional 6 subjects responded only to the HIIQ. The HIIQ had a mean of 107.1, a standard deviation of 16.3 and a range of 50 - 137. The SAM had one subject in stage two,

seven in stage three, 142 in stage four, 38 in stage five and 58 in stage 6. No subjects reported being in stage one. Descriptive statistics of the HIIQ including it's frequency distributions across the stages of the SAM are reported in Table 4.1.

Table 4.1

***Descriptive Statistics of the HIIQ and SAM
Including the Statistics of the HIIQ Across
Stages of the SAM***

HIIQ Split by SAM				
SAM Stage	<u>N</u>	<u>M</u>	<u>SD</u>	Range
No SAM Data	6	95.7	23.1	59-128
2	1	N/A	N/A	66-66
3	7	67.3	10.5	50-82
4	142	103.9	13.27	52-134
5	38	113.2	12.9	80-135
6	58	117.7	12.9	80-137
<u>Total SAM:</u>	246			
<u>Total HIIQ:</u>	252	107.1	16.3	50-137

Note. Stage of formation was measured by the SAM and level of integration by the HIIQ.

As expected, the response was somewhat limited in range of homosexual identity integration as measured by both the HIIQ and the SAM. While the one subject in stage two was dropped from these analyses, a decision was made to include the seven from stage three because of the inherent value in having the opportunity to explore and report on such an early stage of homosexual identity formation. However, it is

important to keep in mind the small number of subjects in this stage and that results reported regarding it should be understood as only of an *exploratory* nature.

As reviewed in Chapter 3, progress through stages has been argued to have both linear and non-linear components. For this reason, the use of both correlational analysis and analysis of variance (hereafter referred to as ANOVA) was appropriate to test hypothesis 1 (and others). Correlational analysis found these two measures to be related to each other - giving strong statistical support for an affirmative answer to hypothesis 1 and yielding strong evidence for the convergent validity of both the SAM and the HIIQ - with $r = .51$, $p < .0001$, and $R^2 = .26$. ANOVA was used to explore the relationship between the independent variable, "stage of identity formation" (as measured by the SAM), and the dependent variable, "level of homosexual identity integration" (as measured by the HIIQ). The ANOVA confirmed evidence of the convergent validity of these two measures, $F(3,241) = 39.9$, $p < .0001$. Tests of contrast among means found stage three to be different from stage four, stage four different from stage five, and a trend involving a possible difference between stages five and six. See Table 4.2 for details of these results including best estimates for means of level of homosexual identity integration across stages of formation.

Table 4.2
Tests of Contrast Between Stages of
Homosexual Identity on Homosexual
Identity Integration

Stages	<u>M1</u> vs. <u>M2</u>		<u>F</u>	<u>p</u>
3 vs. 4	67.3	103.9	52.4	.0001
4 vs. 5	103.9	113.2	15.3	.0001
5 vs. 6	113.2	117.7	2.7	.1027

Note. Stage of formation was measured by the SAM and level of integration by the HIIQ. N = 246.

Descriptive Statistics Regarding, and Analyses of, Hypotheses 2-8

Consideration of Sample Diversity: T tests between Dignity/non-Dignity members and between Roman Catholics/Mainline Protestants were performed on all continuous variables used to test hypotheses 2-8. There were no differences on any of the variables (level of homosexual identity integration, self-esteem, splitting, anxiety, fear, depression, anxiety sensitivity, locus of control) regarding either Dignity status or religious affiliation. No p value was < .10. Thus, it was not necessary to separate subjects on the basis of either their religion or Dignity status.

Given the double cultural identities of Gay/Lesbian African- and Hispanic Americans, it is probable that their struggle with identity would be minimally, somewhat different, and, maximally, heightened. Cass was unable to address this

question with her sample. Not only could level, or stage, of homosexual identity formation be influenced by varying cultures, other variables in this study could be influenced as well. Likewise, gender differences have been found regarding sexual attitudes. For these reasons, ethnicity and gender identity were explored through use of Fisher's z - a test of difference between correlations. In this way, a decision could be made as to whether, for the purpose of this research, it would be necessary to consider gender and ethnic issues separately. Correlations of "level of homosexual identity integration" with the various personality factors were conducted first for males and females and second, for Caucasians and African/Hispanic Americans. The resultant significant correlations ($p < .05$) were entered into Fisher's z tests (see Table 4.3) to test for significant differences between either men and women or Caucasians and African/Hispanic Americans in the way they experience the homosexual identity formation process. Given the low number of African- ($n = 8$) and Hispanic ($n = 9$) Americans and their shared under-representation in this culture, these groups were combined for this analysis. To insure that differences between groups were not overlooked, the significance levels were set at .10 rather than .05 for rejecting the null hypotheses of no differences between groups. Significant differences in the way homosexual identity formation is experienced were found between men and women, but not between Caucasians and African/Hispanic Americans. Based on the results of these tests of difference, the data analyses for hypotheses 2-8 were conducted for males and females separately.

Table 4.3

Fisher's z Tests of Difference Between Men vs. Women and African/Hispanic Americans vs. Caucasians on Their Respective Correlations of Homosexual Identity Integration with Personality Factors

Personality Factors	Men vs. Women				p ^c	H-A ^a vs. C ^a				p ^c
	<u>r1^b</u>	<u>N1</u>	<u>r2</u>	<u>N2</u>		<u>r1</u>	<u>N1</u>	<u>r2</u>	<u>N2</u>	
BDI-SF (Depression)	-.271	231	-.657	21	.037	-.582	17	-.324	222	.233
ASI (Anxiety Sensitivity)	-.266	231	-.624	21	.067	N.S.	17	-.320	222	N/A
FSS-IIR (Fear of Rejection/ Criticism and Injury/Illness)	-.335	230	-.650	21	.086	-.580	17	-.364	221	.308
SS-R (Splitting)	-.261	231	-.527	21	.193	-.546	17	-.280	222	.239
SOC-SUP (Hist. of Social Support)	.354	229	.543	21	.311	N.S.	17	.364	220	N/A
RSES (Self-Esteem)	.250	230	N.S.	21	N/A	.477	17	.257	221	.351
SSAI-T (Trait Anxiety)	-.366	230	N.S.	20	N/A	-.649	16	-.371	221	.180
I-ELCS (Locus of Control)	-.172	230	N.S.	21	N/A	N.S.	17	-.168	222	N/A

Note. Because it was later found that social support is a contributing factor to homosexual identity formation, it was added to these analyses.

^aH = Hispanic American; A = African American; C = Caucasian. ^bOnly correlations with $p < .05$ were entered into Fisher's z.

^cCorrelational pairs with $p < .10$ are accepted as different.

Descriptive Statistics on Continuous Measures Relevant to the Testing of Hypotheses

2-8: Descriptive statistics were computed for all continuous variables (split by gender) involved in the testing of hypotheses 2-8. Means, ranges, sample sizes and standard deviations for each can be found in Table 4.4.

Table 4.4

Descriptive Statistics on Continuous Measures Relevant to the Testing of Hypotheses 2-8 (Split by Gender)

Continuous Measure	Men				Women			
	<u>N</u>	<u>M</u>	<u>SD</u>	Range	<u>N</u>	<u>M</u>	<u>SD</u>	Range
HIIQ (Level of Homosexual Identity Integration)	231	107.2	16.0	50-137	21	106.7	19.7	52-136
RSES (Self-Esteem)	230	8.6	1.8	2-10	21	8.5	1.7	4-10
SS-R (Splitting)	231	20.5	7.6	7-45	21	19.2	8.2	9-35
SSAI-T (Trait Anxiety)	230	38.6	9.7	21-66	20	37.2	9.3	23-55
FSS-IIR (Fear of Rejection/Criticism and Injury/Illness)	230	66.9	16.9	22-110	21	66.1	17.5	29-95
BDI-SF (Depression)	231	3.4	3.6	0-20	21	3.0	3.2	0-12
ASI (Anxiety Sensitivity)	231	17.0	9.3	0-44	21	16.5	11.1	2-45
I-ELCS (Locus of Control)	230	9.4	4.1	1-21	21	10.0	3.8	4-17
SOC-SUP (Hist. of Social Support)	229	9.1	3.1	2-14	21	8.1	3.2	3-14
Income (in Thousands of Dollars)	217	38.6	20.3	1-99	18	35.7	18.6	5-65
Age	231	36.3	9.2	18-61	21	35.1	5.3	25-43

Testing Hypotheses 2-8: In order to test hypotheses 2-8, correlation and regression procedures were employed. The correlation procedure was run first with all personality factors and level of homosexual identity integration entered into the model (see Table 4.5). For men, the correlations resulted in confirmation of every hypothesis. For women, results were similar, but *stronger* (as measured by Fisher's z - see Table 4.3) for the correlations of level of homosexual identity integration with anxiety sensitivity, fear and depression. Correlations with anxiety and locus of control were not significant and, that with self-esteem approached significance ($p < .06$).

Specifically, hypothesis 2, which predicted an association between a more fully integrated homosexual identity and higher self-esteem, was confirmed for men with six percent of the variance explained, $r = .25$, $N = 230$, $p < .0001$. A trend in the same direction was found for women, $r = .41$, $N = 21$, $p < .06$.

Hypothesis 3 was confirmed for both men and women; namely, as association was found between a more fully integrated homosexual identity and lower level of splitting. Corresponding correlations for men and women were .26 ($N = 231$, $p < .0001$, $R^2 = .07$) and .52 ($N = 21$, $p < .01$, $R^2 = .27$), respectively.

Hypothesis 4, a prediction of a negative association between level of homosexual identity integration and trait anxiety, was confirmed for men with 14 percent of the variance explained, $r = -.37$, $N = 230$, $p < .0001$. For women, no association was found, $r = -.30$, $N = 20$, $p < .20$.

Hypothesis 5 predicted a negative association between level of homosexual identity integration and number of fears related to rejection/criticism and

injury/illness/death. The hypothesis was confirmed for both men ($r = -.34$, $N = 230$, $p < .0001$) and women ($r = -.65$, $N = 21$, $p < .01$). The amount of variation explained was 12 percent and 42 percent, respectively.

Hypothesis 6 explored the relationship of homosexual identity integration with depression, predicting those with a more integrated identity would be less depressed. The hypothesis was confirmed for both men and women. Their respective percentages of variance explained were 7 and 44. Corresponding correlations were $-.27$ ($N = 231$, $p < .0001$) for men and $-.66$ ($N = 21$, $p < .01$) for women.

Hypothesis 7 predicted level of homosexual identity integration would be negatively associated with level of anxiety sensitivity. This hypothesis was confirmed for both men and women with respective variances explained of 7 percent ($r = -.27$, $N = 231$, $p < .0001$) and 38 percent ($r = -.62$, $N = 21$, $p < .01$).

Finally, hypothesis 8 predicted level of homosexual identity integration to be positively associated with an internal locus of control. This hypothesis was confirmed for men with three percent of the variance explained, $r = -.17$, $N = 230$ and $p < .01$. Results were not significant for women, $r = -.03$, $N = 21$, $p < .89$.

Table 4.5

Correlations of Personality Factors with Homosexual Identity Integration (Split by Gender)

Personality Factor	Men			Women		
	<u>N</u>	<u>r</u>	<u>R²</u>	<u>N</u>	<u>r</u>	<u>R²</u>
RSES (Self-Esteem)	230	.25***	.06	21	.41	N/A
SS-R (Splitting)	231	-.26***	.07	21	-.52**	.07
SSAI-T (Trait Anxiety)	230	-.37***	.14	20	-.30	N/A
FSS-IIR (Fear of Rejection/Criticism and Injury/Illness)	230	-.34***	.12	21	-.65**	.42
BDI-SF (Depression)	231	-.27***	.07	21	-.66**	.44
ASI (Anxiety Sensitivity)	231	-.27***	.07	21	-.62**	.38
I-ELCS (Locus of Control)	230	-.17**	.03	21	-.03	N/A

*** $p < .0001$. ** $p < .01$.

Further correlational analysis were carried out to determine the extent to which continuous demographic variables (age, income, education, occupation) and past history of social support might impact on measures of homosexual identity integration. While these variables were not a part of the original hypotheses, their possible associations with homosexual identity integration was worthy of study; especially, given their potential for acting as confounds and/or having important secondary effects on homosexual identity integration in subsequent regression analyses. Of these, only

past history of social support was found to be significantly correlated with level of homosexual identity integration (significant for both men and women). The correlation for men was .35 ($N = 229$, $p < .0001$, $R^2 = .12$) and for women was .54 ($N = 21$, $p < .01$, $R^2 = .29$). Given this, past history of social support was included in all further analyses. Results of all correlational analyses can be found in Table 4.6.

Table 4.6

Correlations of Continuous Variables (Other than Personality Factors) with Homosexual Identity Integration

Continuous Variable	Men			Women		
	<u>N</u>	<u>r</u>	<u>R²</u>	<u>N</u>	<u>r</u>	<u>R²</u>
Age	231	-.04	N/A	21	.05	N/A
Income	217	-.03	N/A	21	.30	N/A
SOC-SUP (Hist. of Social Support)	229	.35***	.12	21	.54**	.29
Education	229	.02	N/A	21	.02	N/A
Occupation	213	-.03	N/A	17	-.19	N/A

*** $p < .0001$. ** $p < .01$.

Given the low number of women ($n = 21$), regression analyses were carried out for men only and were based on the significant relationships found in the correlational data. Although age and income were not correlated with level of homosexual identity integration, they were found to be significantly related to the stage measure of the same variable in subsequent data analyses, as well as, to some of the dependent measures (personality factors). For this reason, income and age were added as control

variables in regression procedures. Separate regressions were performed with each personality factor (including past history of social support) as criterion variables and level of homosexual identity integration as the independent variable. All were significant (see Table 4.7). With the controls added, the amount of variance explained increased slightly (when compared to the correlations) and ranged from .04 - .19.

Table 4.7

Separate Regressions (Men only, $N = 211$) with Homosexual Identity Integration Predicting Personality Factors (Including "Past History of Social Support") - Controlling for Age and Income

Dependent Measure	Model			Intercept		HIIQ		Age		Income	
	DF	F	R ²	B	F	B	F	B	F	B	F
RSES	3,208	5.7**	.08	5.25	5.4***	0.03	4.0***	-0.00	-0.1	0.01	0.9
SS-R	3,211	9.2***	.12	39.80	10.3***	-0.12	-4.1***	-0.14	-2.4*	-0.04	-1.4
SSAI-T	3,211	16.3***	.19	69.60	14.5***	-0.23	-6.2***	-0.12	-1.6	-0.06	-2.0*
FSS-IIR 2.5**	3,211	11.7***	.14	105.80	12.6***	-0.34	-5.2***	0.08	0.6	-0.14	-
BDI-SF	3,211	9.2***	.12	9.15	5.1***	-0.07	-4.7***	0.05	1.8	-0.02	-1.5
ASI	3,211	6.7**	.09	36.27	7.6***	-0.17	-4.4***	-0.04	-0.5	-0.01	-0.4
I-ELCS 0.9	3,211	2.8*	.04	14.47	6.5***	-0.05	-2.7**	0.010	0.3	-0.01	-
SOC-SUP 1.0	3,211	11.6***	.14	3.11	2.1*	0.07	5.4***	-0.04	-1.9	0.01	-

***p < .0001. **p < .01. *p < .05.

As pointed out earlier, the hypotheses are exploring levels of associations between variables rather than attempting to define cause and effect. Given that each of the measures of the dependent variables has been shown to share some common variance with at least one of the other dependent variable measures (although correlations are low enough to accept that they are measuring different factors), a stepwise regression procedure was run to define the regression model with the best fit to the data. To do this, the assignment of dependency and independency were exchanged so that the personality factors (along with age, income and past history of social support) were used to predict level of homosexual identity integration. This statistical manipulation was possible because independency/dependency was never postulated. Rather, this research explored *levels of association* between variables as opposed to cause and effect relationships and thus, allowed for exploration of their functioning in different roles. The stepwise procedure entered anxiety as the best predictor, past history of social support as the second best and anxiety sensitivity as the third and last significant predictor of level of sexual identity formation for a total variance explained of .24 (see table 4.8). No other variables added a significant amount of "variance explained" to the model.

Table 4.8

Prediction of Homosexual Identity Integration by Personality Factors for Men, N = 211 (Including "Past History of Social Support," Income and Age)

STEPWISE REGRESSION						
	<u>DF</u>	<u>Model F</u>	<u>Model R²</u>	<u>B</u>	<u>Partial F</u>	<u>Partial R²</u>
STEP 1	1,211	36.7***	.15			
Intercept				131.704		
STAI-T				-0.647	36.7***	.15
STEP 2	2,211	27.9***	.21			
Intercept				113.907		
STAI-T				-0.507	21.7***	.15
SOC-SUP				1.374	16.3***	.06
STEP 3	3,211	22.0***	.24			
Intercept				113.655		
STAI-T				-0.371	10.1**	.15
SOC-SUP				1.458	18.9***	.06
ASI				-0.337	8.2**	.03

***p < .0001. **p < .01. *p < .05.

Level of Homosexual Identity Integration as a Discrete Variable: With some of the personality factors, it was theorized that there would be a non-linear relationship with the homosexual identity integration variable. In order to explore this possibility, an Analyses of Covariance (ANCOVA) were run on the male subjects. The independent variable (as measured by the SAM) separated the subject pool into separate stages of identity formation. In this way, each dependent measure was explored across stages (in separate ANCOVAS) controlling for age and income. Contrast tests among means

were set up *a priori*. Since there was adequate sample size in four stages of formation, three tests of contrast were set up. The first explored the potential difference between stage three and stages four through six, combined. The second tested for a difference between stage four and stages five and six. The third test for contrast was between stages five and six.

Significant differences were found between stages of homosexual identity formation on levels of self-esteem, splitting, anxiety, fear, depression, anxiety sensitivity and past history of social support. No differences were found for locus of control. See Table 4.9 for a detailed report of the ANCOVAS. ANOVAS (without age and income as controls) are also reported in Table 4.9 in order to highlight the effects of the control variables (i.e., the comparison of the ANOVAS and ANCOVAS allow for a more thorough understanding of the differences between the personality factors regarding their relationship to homosexual identity formation as mediated by the control variables).

Table 4.9

Comparison of Men's ($N = 231$) Stages of Homosexual Identity Formation (Independent Variable) on Personality Factors (with and without Age and Income as Control Variables)

Dependent Measure	ANCOVAS			ANOVAS		
	DF	F	R ²	DF	F	R ²
RSES (Self-Esteem)						
Model	5,209	2.4 [*]	.06	3,223	3.4 [*]	.05
Stage	3	3.6 [*]				
Age	1	0.1				
Income	1	2.3				
SS-R (Splitting)						
Model	5,210	5.1 ^{**}	.11	3,224	3.8 ^{**}	.05
Stage	3	4.7 ^{**}				
Age	1	5.9 [*]				
Income	1	5.1 [*]				
STAI-T (Anxiety)						
Model	5,210	8.1 ^{***}	.17	3,224	7.7 ^{***}	.10
Stage	3	10.0 ^{***}				
Age	1	2.5				
Income	1	8.5 ^{**}				
FSS-IIR (Fear)						
Model	5,209	5.4 ^{***}	.12	3,224	6.2 ^{**}	.08
Stage	3	6.4 ^{**}				
Age	1	0.6				
Income	1	11.9 ^{**}				
BDI-SF (Depression)						
Model	5,210	5.8 ^{***}	.13	3,224	7.4 ^{***}	.09
Stage	3	7.7 ^{***}				
Age	1	3.4				
Income	1	15.5 [*]				
ASI (Anx. Sensitiv.)						
Model	5,210	3.4 ^{**}	.08	3,224	5.3 ^{**}	.07
Stage	3	5.5 ^{**}				
Age	1	0.4				
Income	1	0.2				
I-ELCS (Loc. of Con.)						
Model	5,209	0.7	.02	3,223	0.6	.01
Stage	3	0.9				
Age	1	0.1				
Income	1	1.2				

Table 4.9 Continued

SOC-SUP (Hist. Soc. Sup.)						
Model	5,208	4.0**	.09	3,222	5.5**	.07
Stage	3	4.7**				
Age	1	4.8*				
Income	1	2.5				

***p < .0001. **p < .01. *p < .05.

Age (controlling for stage of homosexual identity formation and income) had a unique contribution to the following dependent variables: depression, splitting and past history of social support. Income (controlling for age and stage of homosexual identity formation) had a unique contribution to the following dependent variables: anxiety, depression, splitting and fear.

Specifically, the tests of contrast among means on self-esteem found differences between stage four and stages five and six. On splitting, differences were noted between stage four and stages five and six and between stages five and six. On anxiety, stage three was different from stage four through six, and, stage four was different from stages five and six. Stage four was found to be different from stages five and six on fear, and also, stage five was different from stage six. On depression, the only difference found was between stage four and stages five and six. On anxiety sensitivity, stage four was found to be different from stages five and six and stage five was different from stage six. Finally, on social support, stage three was different from stages four through six and stage four was found to be different from stages five and six. Table 4.10 provides a detailed account of the results of these tests of contrast and includes best estimates of means and standard deviations. Table 4.11 summarizes the

differences between stages.

Table 4.10

Contrast Tests of Differences (for Men, $N = 210$) Between Stages of Homosexual Identity Formation on Personality Factors with Best Estimates of Means

TESTS OF CONTRAST AMONG MEANS							
Contrasts	Dependent Variables						
	RSES	SS-R	STAI-T	FSS-IIR	BDI-SF	ASI	SOC-SUP
3 vs. 4-6							
<u>F</u>	1.5	1.2	11.3**	0.2	1.1	0.3	0.1
<u>M</u> of 3	8.0	22.8	48.5	67.0	4.0	18.0	5.7
<u>SD</u> of 3	1.7	9.0	13.3	14.8	3.7	12.0	3.4
<u>M</u> of 4-6	8.6	20.3	38.2	66.8	3.4	16.9	9.3
<u>SD</u> of 4-6	1.7	7.3	9.0	16.1	3.4	8.8	3.0
4 vs. 5-6							
<u>F</u>	9.8**	4.6*	19.4***	10.5**	22.6***	7.5*	5.7*
<u>M</u> of 4	8.3	21.3	40.2	70.3	4.3	18.6	8.8
<u>SD</u> of 4	2.1	7.6	9.7	17.0	4.1	9.4	3.0
<u>M</u> of 5-6	9.0	18.9	35.3	61.8	2.1	14.5	10.0
<u>SD</u> of 5-6	1.2	6.7	8.1	14.9	2.4	7.8	3.0
5 vs. 6							
<u>F</u>	0.0	6.6**	0.4	5.7*	0.0	6.4**	0.0
<u>M</u> of 5	9.1	21.0	35.8	66.2	2.0	17.2	10.0
<u>SD</u> of 5	1.4	7.0	8.4	13.8	2.2	7.7	3.0
<u>M</u> of 6	9.0	17.5	34.9	59.1	2.1	12.9	10.0
<u>SD</u> of 6	1.1	6.5	7.9	15.6	2.5	7.8	3.0

Note. Stage 3 = Identity Tolerance, Stage 4 = Identity Acceptance, Stage 5 = Identity Pride, Stage 6 = Identity Synthesis.

*** $p < .0001$. ** $p < .01$. * $p < .05$.

Table 4.11

Summary of the Differences within Each Personality Factor Across Stages of Homosexual Identity Formation for Men, N = 210

Factor	Tolerance vs. Acceptance/Pride/Synthesis	Acceptance vs. Pride/Synthesis	Pride vs. Synthesis
Self-Esteem		****	
Splitting		****	****
Anxiety	****	****	
Fear		****	****
Depression		****	
Anxiety Sensitivity		****	****
Past History of Social support		****	

Note: The asterisks denote a significant difference between stages. The Identity Tolerance group had only seven members, therefore, tests involving this group had very limited power.

CHAPTER FIVE: DISCUSSION

This final chapter will first focus attention on the main findings of this research including: (1) sampling issues/generalizability; (2) a detailed exploration of the relationship of all personality factors to level/stage of homosexual identity integration (with a discussion of the effects of social support, age and income); and (3) a final look at the relationship of the Homosexual Identity Integration Questionnaire (HIIQ) to the Stage Allocation Measure (SAM), as well as, at their respective validities. Finally, attention will be focused on various issues related to homosexual identity integration including: (1) an exploration of the heuristic value of the HIIQ; (2) the impact of this research on past and future research involving homosexuals; and (3) the implications of this research for counseling centers/psychotherapies, education and legislation.

Main Findings

Each of the eight hypothesis proposed were confirmed. The SAM and HIIQ were found to be strongly related to each other thus adding to the validity of each. Also,

every personality factor (self-esteem, splitting, anxiety, fear, depression, anxiety sensitivity and locus of control) was found to be related to level of homosexual identity integration. Specifically, for men, the greater the level of homosexual identity integration with the self-structure: (1) the higher their self-esteem; (2) the lower their splitting, anxiety, fear, depression and anxiety sensitivity; and (3) the greater the odds of their having an internal locus of control. R^2 's ranged from four to 19 percent. Past history of social support also proved a critical variable in that it was positively related to level of homosexual identity integration. Of all these factors, the combination of anxiety, past history of social support and anxiety sensitivity created the model which explained the most variance in level of homosexual identity integration.

For women, results were much stronger (R^2 's between 39% and 44%) for fear, depression and anxiety sensitivity. For splitting, the shared variance with level of homosexual identity integration was 27. However, locus of control, anxiety and self-esteem were not significant; although, self-esteem had a p value equal to .06 and given the low number of women (21), one might expect it to be significant with a larger sample.

Sampling Issues/Generalizability: While 63% of the questionnaires were not returned, only a handful were refused outright. In most of these situations, the individual appeared quite anxious and timid - usually not even willing to hear any explanation about the study. One could not help but wonder if these individuals were in the early stages of identity formation. Not surprisingly, the number of Dignity member

responses was double that of non-Dignity responses. A likely explanation for this is that, while many individuals were willing to fill out a questionnaire themselves, they were unwilling (consciously or unconsciously) to be further engaged in the research by having to ask a friend. Of those directly invited to participate in the research, 46% chose to respond. The time commitment was likely the largest obstacle. Earlier research involving almost identical experimental procedures with Dignity Washington yielded a response rate of 68%. The earlier study took only half the time commitment that this one required. One difference, however, was that stamped envelopes were only given when asked for in the earlier study as opposed to being automatically included with the questionnaire. This may have encouraged potential subjects to take them home where they were less likely to fill them out.

While the "snowball" technique succeeded in increasing sample size, it did not significantly change the range of the HIIQ and SAM variables as intended (despite the request that the second questionnaire be given to someone less likely to be active in a group like Dignity which so publicly acknowledges sexual orientation). There are several possible explanations. It may be that Dignity members tend to socialize with individuals in whom they find much in common - especially, when it comes to level of sexual identity integration. Also, given the hypotheses in this research - that early stage individuals experience more psychological pain - one would expect them to be less psychologically available for research and more fearful of it. It is for this reason the flooring effect on the HIIQ and SAM variables was actually predicted. In fact, the results of this research support these conclusions regarding the flooring effect.

Namely, given the strong affirmation of the hypotheses, one would naturally expect that even more anxiety, fear and depression are a part of these earliest stages of identity formation making these individuals' participation next to impossible.

While one cannot generalize beyond well-educated individuals with middle to upper middle socio-economic status from this research, the "snowball" technique did allow for greater religious diversity within the sample and, thus, generalization outside of the Roman Catholic community. A well-represented range in age was also achieved. Analysis of the biographical data did not reveal any differences on any of the main continuous variables (level of homosexual identity consolidation, personality factors and social support) for gender, dignity membership and religion. One difference was noted for African Americans/Hispanics; they experienced significantly more fear than Caucasians. Neither was there a relationship found between the level of homosexual identity consolidation (as measured by the HIIQ) and major demographic variables (age, income, education, occupation). The lack of difference between various homosexual groups (and support for increased generalizability) is commensurate with no findings of difference by Cass (1989b) on the SAM for gender and religious upbringing and by Weinberg (1970) on measures of psychological adjustment across homosexuals in social clubs, bars and mail organizations.

Despite the low number of women and ethnically under-represented groups, there was confirmation of most or all of the hypotheses within these small groups which strengthens the generalizability of Cass' and Coleman's models of homosexual identity formation as well as the results of this research - namely, that all of the

suggested personality factors play a part in homosexual identity development. Given the low number of these subjects, further exploration of these conclusions still seems advisable.

The Fisher's z tests of difference indicated that *women experience the process of homosexual identity formation differently than men*. Specifically, the association of the personality factors with level of homosexual identity integration was usually much *stronger*, and their interactions with the HIIQ were *different*. It is worth noting that post hoc T-tests found no differences between men and women on any of the measures; differences were only found between these groups in the way they process homosexual identity integration as it relates to (or interacts with) the personality factors. One possible explanation is that, given their under-represented status, women have had a history of problems asserting their equal place in the world and of having less materialistic resources to help cope with what is already a very difficult process. Therefore, they experience different, and increased, fluctuations of these factors over the formation process. Given the low representation of women, African Americans and Hispanic Americans, more research is clearly needed in areas of ethnic and gender diversities.

Personality Factors and Homosexual Identity Formation: The low number of female subjects didn't allow for further data analyses beyond the original hypotheses. Even with the low number, however, it is important to reiterate that very strong associations (R^2 's between 29% and 44%) were found between level of homosexual identity

integration and most of the personality factors (all but locus of control, self-esteem and anxiety). Quite probably, a larger sample would have yielded significant results for some or all of these variables as well.

For men, every hypothesis was confirmed with R^2 's ranging from 3% to 13%. The Fisher's z tests of difference suggest that the men's homosexual identity formation process, as it relates to the various personality factors, is different from women's experience. While this doesn't directly conflict with Cass's findings of no gender differences on her measure, it does suggest that, while there may not be gross gender differences in the way in which men and women move through stages, there are subtle gender differences when these personality factors are considered in the actual processing of a homosexual identity as measured by the HIIQ.

The large number of male subjects allowed for further data analyses. Specifically, given the shared variances between most of the scales used to measure the various personality factors, it was theorized that much of the variance accounted for in the above correlations was shared. For this reason, a stepwise regression was run to learn which variables were the "best predictors" of level of homosexual identity integration. To accomplish this, the model had to be reversed, making the personality factors independent variables. Given that earlier analyses also found past history of social support to be associated with level of homosexual identity formation (for both men and women), it was included in the regression analyses. Anxiety, social support and anxiety sensitivity were the first, second and third contributors to variance explained ($R^2 = .24$). No other personality factors added unique contributions to this

three-variable model. Age and income were added to the model as control variables because of their potential to act as confounds (while they did not correlate with the HIIQ, they did correlate with the SAM, past history of social support and some of the personality factors). Their addition resulted in more powerful F tests.

The significance of past history of social support and its necessary addition to these analyses is not surprising given that both Cass and Coleman refer to it in their writings on the subject of homosexual identity formation. Several of the questions on the HIIQ directly relate to social activity (e.g., "I feel comfortable acknowledging my homosexuality with a few selected friends" and "I know how to meet and socialize with other homosexuals"). One question is specifically directed toward measuring social support (i.e., "The reaction from those people I've told about my homosexuality has helped me to tell even more people"). The two questions which measured the "past history of social support" variable were purposefully phrased in the past tense to factor out current experience of social support which is likely different from that experienced in earlier periods of the homosexual identity formation process. It is the social support involved in the entry and movement through the homosexual identity formation process, rather than that currently experienced, which is of interest in this research.

Cass's SAM was used to learn how the personality factors are associated with her model of formation. With the identity process broken into stages, an exploration could be conducted to determine which personality factors were important for which stages. Given that there was adequate representation in stages 3 through 6, three tests

of contrast could be set up *a priori* for each personality factor (and past history of social support). The three tests (Identity Tolerance vs. Identity Acceptance/Identity Pride/Identity Synthesis; Identity Acceptance vs. Identity Pride/Identity Synthesis; Identity Pride vs. Identity Synthesis) were chosen on the basis of two assumptions. The first is that a basic linear progression of identity exists in the formation process; the second is that, despite fluctuations in the experience of the different personality factors from stage to stage, there is also a basic underlying progression in which the association of negative factors to the process is lessened and that of positive factors is increased (this second assumption was supported in the affirmation of the hypotheses).

Specifically, between Identity Tolerance and Identity Acceptance/Identity Pride/Identity Synthesis, only trait anxiety was different. Other personality factors were not significant for this contrast suggesting they are not important considerations for movement from stage three to stages four, five and six. However, conclusions drawn regarding this contrast can only be tentative given the small representation in the Identity Tolerance stage. The difference between the two positions of this contrast is summed up by: saying "I *probably* am a homosexual" vs. "I am a homosexual." One can imagine the anxiety a person must feel as he/she enters the Identity Tolerance stage with great trepidation. Here one learns to tolerate a label with all of its accompanying excess baggage. Internal and external homophobia abound, (e.g., disappointment of parents and self; slurs like "faggot," "queer" and "dyke"). This is certainly a more anxious position than the one which has the individual state with certainty, "I am a homosexual." In this latter self-reflection, identity consolidation

takes a dramatic leap forward and, although a frightening leap, fear of fragmentation of the self-structure is significantly less on the other side of the statement (or closet wall). In a particularly clear example of movement from stage three to stage four, one subject recalled that one day on the way home from therapy, he remembered looking at, and repeating to, himself in the rear-view mirror and saying over and over, "I am a homosexual," "I am Gay," "I am a homosexual" with overwhelming feelings of relief and jubilation.

All personality factors except locus of control, as well as, past history of social support, were at significantly different levels across the second contrast of stages (stage four vs. stages five and six). These tests involved exploration of how Identity Acceptance differs from Identity Pride/Identity Synthesis. The fact that almost all were significant leads one to conclude that there is a powerful affectual differential between these two conditions - involving anxiety, fear, depression, anxiety sensitivity, self-esteem, splitting, and social support. Given this, it was not surprising that the Identity Acceptance stage had one and one-half times as many members as the other two stages combined - further evidence that the difference between the two groups is vast, suggesting many stage four individuals have difficulty forging ahead. Moving forward requires a conscious refusal to pretend to be, or allow others to believe that one is, a heterosexual. Being able to make the outward statement of "who one is" seems to be necessarily associated with better self-esteem/past history of social support and lower levels of the negative personality factors. Therefore, individuals who have moved forward experience an all around better and more comfortable sense of self

(increased self-identity). This research suggests that *most well-educated, Caucasian, homosexual men continue to try and pass as heterosexuals* - denying themselves further identity consolidation - despite their education, support from groups like Dignity, and their ethnic/gender over-representation in society. The same was true for Cass' sample which was more diverse (including a larger percentage of women; subjects from newspaper advertisements and from a counseling service.) It further suggests that the aforementioned personality factors are involved in this identity foreclosure.

The final tests of contrast explored differences between men in stage five (Identity Pride) and men in stage six (Identity Synthesis). Movement from one to the other happens as expectations of rejection and alienation are challenged by heterosexuals who are accepting and validating. This transformation requires active participation from both heterosexuals and homosexuals (often with homosexuals having to be in the proactive role). The decision not to rest in Identity Pride but to "fight" for a truly equal role in society involves a process of not only challenging heterosexuals about their homophobia, but also a decision seeking to live equally mingled with them outside the confines of a strictly Gay culture. This movement, toward actually living out an equal existence among heterosexuals, could seem daunting to many. Certainly this process would be aided by individuals with a low sensitivity to anxiety. In support of this hypothesis, those men in the final Identity Synthesis stage were found to have lower anxiety sensitivity.

Fear and splitting were also found to be different across these two stages. The

theoretical underpinnings behind the potential for homosexual youth (and, thereby, adults) to experience more psychic hurt resulting in a fearful sensitivity to rejection/criticism, a fragile self-structure and increased splitting are explored in detail in the literature review. The splitting measure consists of theoretically derived items forming two factors - one based on Kohut's "deficit in self-structure" model and the other based on Kernberg's model of unresolved conflict between "good" and "bad" feelings toward the same object. It is not surprising, then, that those who live the split "us vs. them" existence (actively engaging in feeling good about themselves as homosexuals and feeling angry at, and fearful of, heterosexuals who are blamed for delaying this goodness) experience more intrapsychic defensive splitting and fear of rejection/criticism/injury/illness/death than those who have worked through their differences with heterosexuals to the point of befriending them. In effect, they are acting-out the intrapsychic split due to both a perceived need for self-protection and a fear that synthesis would lead to fragmentation of a newly defined, fragile self-structure. Only 23% of *publicly-identified*, well-educated, Caucasian, male homosexuals are willing/able to heal this split-off existence from society and feel comfortable taking their rightful place in the society at large (this percentage would drop significantly if one were to include under-represented and less publicly-identified groups). Table 4.11, in the chapter entitled "Results," serves as a quick summary/reference of these differences between stages.

The HIIQ and the SAM as Measures of Homosexual Identity Formation: As expected, both Cass' (1979) and Coleman's (1981) models of homosexual identity formation (as measured by the SAM and HIIQ) were affirmed both by their respective relationships with the personality factors and social support, and by their correlations with each other. Specifically, criterion-related validity of the HIIQ and the SAM was convincing, given the theoretical prediction of the association between homosexual identity consolidation and the personality factors, and it's affirmation by the data analyses.

Correlation and ANOVA procedures confirmed the construct/convergent validity of the SAM and the HIIQ. The correlation of these two measures was .51. The flooring effect in this sample may have reduced the potential for an even larger correlation. The correlation is down from the value of .77 which was noted in the pilot data. The higher correlation in the pilot data (it had the same flooring effect) may be due to the small number of subjects ($N = 18$), and that there was no control for response bias where subjects could easily fall into a mental set. Control for this possibility was introduced in the main study by reversing eight of the twenty response scales on the HIIQ. Even with wider diversity, the correlation will never be exceptionally high between these measures because of theoretical differences between the models on which they're based and because of the differences in the way in which the two scales are constructed. Differences between models and scales were covered in detail in chapters two and three, respectively. Clinical and further theoretical implications are discussed later in this chapter.

The second confirmation of the construct validity of the SAM and HIIQ was the strong association between them as evidenced by the ANOVA procedure. Tests of contrast found the stages of the SAM to be different from each other across the HIIQ except for stage five versus stage six where only a trend was suggested. The emphasis on re-entry into the predominately heterosexual community for a complete transition into Identity Synthesis was not stressed in the HIIQ and a resultant ceiling effect at least partly explains the reason for there only being the suggestion of a trend. In Cass' (1984) attempt to validate her model, she had some difficulty distinguishing between stages five and six, as well. However, the finding of differences between stages five and six on measures on anxiety sensitivity, splitting and fear support Cass' six stage model and suggests that neither study has adequately assessed the factors associated with this stage. The findings of this research would suggest that measurement of stage six should involve questions more directly relating to fear, splitting and anxiety sensitivity.

Related Issues and Implications

Implications for the Measurement of "Level of Homosexual Identity Consolidation:"

Both the SAM and the HIIQ have distinct advantages. Specifically, use of the SAM permits one to be able to speak of the stage of a person's identity consolidation which would be very useful in treatment planning. Likewise, if one wants to make

generalizations about groups of people across a process which had obvious stage characteristics, being able to refer to individual stages is essential. The HIIQ allows for a breakdown of scores yielding a value for each stage. This would help health care professionals get a more holistic view of where a person is across several stages at one moment in time. It's emphasis on measuring progress in each stage and the resultant "total level of consolidation" has distinct heuristic value; as a continuous measure of homosexual identity consolidation, it is very useful (and even necessary) in research as an important control variable (see below). One might also argue that its bridge-like quality between stage and non-stage theory might make it an all around more sensitive measure. Differences between stage and non-stage theory are discussed in detail in the Method chapter.

Implications for Past and Future Research: This research calls into question all prior research (Myrick, 1974; Horstman, 1975; Bell & Weinberg, 1978; Strassberg et al., 1979; Jacobs & Tedford, 1980; Skrapec & MacKenzie, 1981; Nurius, 1983; Granero, 1984; Carlson & Baxter, 1984; Atkinson et al., 1988; Binks, 1989) attempting to make comparisons between homosexuals and heterosexuals on personality factors due to the tremendous variance in level of sexual identity consolidation among homosexuals and it's association with so many personality factors - one might even suspect it's sphere of influence goes far beyond the personality. The theoretical underpinnings for why "comparison studies" invariably do not hold up to replication, and are ill-advised, have been examined in the previous review of the literature.

In the future, Gays and Lesbians should be studied as the heterogeneous group that this study has shown them to be, rather than as a group upon which yet another label is attempted to be placed. Further, *in personality studies involving Gays and Lesbians, it is essential that a measure of homosexual identity consolidation be used to control for it's effects.* The continuous nature of the HIIQ makes it a good choice for these purposes. When homosexuals are included in human behavior research with heterosexuals, this issue still must be accounted for and cannot be ignored. A measure of heterosexual identity consolidation would also be useful.

The cause and effect relationship between homosexual identity consolidation and the various personality factors requires study. This research established that there is, in fact, a relationship to be studied. The literature review examined each personality factor individually and suggested that some factors are more likely to be causative than others in the identity formation process and that most factors likely interact with the process in such a way that effects change in both. However, only a longitudinal study could properly address this very important issue.

Implications for Psychotherapy With Gays and Lesbians: Not surprisingly, many Gays and Lesbians approach mental health professionals and ministers for help in their homosexual identity consolidation due to innumerable road blocks. On some occasions, they will present a problem seemingly un-related to their homosexual identity but, on close examination, the root of the issue is often related to it. Then, there are the still all-too-frequent occasions when parents bring their newly self-

identifying homosexual children to be "cured."

The literature review and results of this research suggest that the process of homosexual identity consolidation is an extremely difficult one. It's uniqueness (and difficulty) lies in the psychological closet walls built around homosexual thoughts, fantasies and feelings for the purpose of self-protection in an environment where these yearnings are, minimally not modeled and, inevitably, attacked. Over time, heterosexual expectations as well as attacks on homosexuality (homophobia) are internalized and used against the self structure undermining its strength and vitality.

This research suggests that anxiety, social support and anxiety sensitivity are especially salient issues in the process of homosexual identity consolidation. Most importantly, development of a homosexual self-identity requires a "psychologically safe" environment where the most private of fantasies and beliefs can be addressed honestly, openly and free from judgement and condemnation. In this way, the self structure is fostered, developmental arrest ends, and it begins to heal and grow. Both Isay (1989) and Malyon (1982) address this issue in depth with unusual clarity.

Gay and Lesbian individuals will have dealt with their experiences in unique ways and, so, should be treated as such. Models of homosexual identity formation should be used as a rough guide for suggesting what types of issues one might expect to be pertinent in counseling/treatment of Gay and Lesbian clients. Further, when considering psychotherapy, the Kohutian model of self structure formation seems to have a particularly good theoretical fit to the data from this research and to the theory related to homosexual identity formation. Specifically, once a therapeutic alliance is

established, mirroring, idealizing and twinship transferences related to early wounds stemming from a lack of sexual identity role-modeling can unfold and be worked through, thereby, allowing the self-structure to emerge more whole.

Eriksonian psychosocial developmental theory is also aptly applied. Erikson would suggest that an early lack of appropriate role models in combination with societal rejection would inhibit the formation of basic developmental building blocks like trust, autonomy, initiative and industry. Trouble in these early stages would inevitably lead to difficulty further along in the developmental process. Thus, the therapist should be particularly sensitive to issues relating to the establishment of intimacy, generativity and ego integrity.

Implications for Education: Education regarding homosexual issues has been, and remains, a hotbed for argument in school districts and board meetings around the country. The argument against education regarding homosexual issues is that it promotes homosexual behavior (with the accompanying assumption that this would be negative). There is no research to support this claim, in fact, recently there has been increasing evidence (Kallman, 1952; Dörner, 1975; Gladue, 1984; Pillard & Weinrich, 1986; Bailey and Pillard, 1991; LeVay, 1991 and Allen & Gorski, 1992) that homosexuality has a fetal chemistry/genetic basis. Like many earlier social taboos, education could benefit the eradication of the taboo status homosexuality has had for millennia.

More importantly is the effect education could have on the homosexual

individual, who has likely undergone, as has been suggested earlier, extreme personal pain; pain so great, it has required a denial of the self with associated increased splitting, depression, anxiety, anxiety sensitivity, fear and external locus of control and decreased self-esteem. Education of society as a whole would impact on the homosexual individual in that there would be a good deal less homophobia with which to cope (including that which has been internalized). However, the lack of appropriate role models would still make identity development difficult. Here, education again can help the individual learn about himself/herself and seek appropriate role models on his or her own. Obviously, an important factor in the education process would begin in the home and be reinforced in school at an *early* age. Martin and Hetrick (1988) felt strongly about this need for education and opened The Institute for the Protection of Lesbian and Gay Youth, Inc. (IPLGY) in New York City in 1983, as a full social service agency. Over 2,000 youths contacted the agency for help in it's first two years of operation.

Recognition that youth need appropriate role models and an environment free from ridicule and homophobia lead to the founding of a high school (The Harvey Milk High School) for Lesbian and Gay youth in New York City. It is run by IPLGY. This affirmatively oriented education is supported by the results of this research. The need for more programs to which Gay and Lesbian youth can turn in the face of great adversity is desperately needed.

Implications for Legislation: Critical debates are taking place today which affect the future of innumerable Gays and Lesbians. These include the removal of the ban on Gays and Lesbians in the military, the repeal of anti-sodomy laws, the assurance of basic civil/equal rights for Gays and Lesbians, and the recognition of long-term same-sex spousal relationships (including rights of adoption, parenting, sharing of health care coverage and inheritance of social security/pension monies). Most of these issues are being discussed without the benefit of current research in the field of homosexual identity formation. And thus, without consideration of the potentially damaging impact on the very core of how homosexuals think and feel about themselves. Certainly, before any decisions are made, these potential effects should be carefully considered.

The results of this research have strong implications for legislation in these areas. Knowing that more fully consolidated homosexuals have higher self-esteem and experience less of the negative personality factors would help to further de-pathologize homosexuality in the minds of the debaters. In fact, Gay/Lesbian affirmative legislation would increase the likelihood of intra-psychic gains for the great majority of homosexuals who still live somewhere in the middle of the homosexual identity formation process. This type of change would empower them to move forward in consolidation of their *self*-identities. In this way, they would be able to achieve, and effect change, in every aspect of their lives - set free from the wounds imposed by increased anxiety, anxiety sensitivity, fear, splitting and depression, and, decreased self-esteem and history of social support.

APPENDIX: QUESTIONNAIRE

Introduction to Subjects**QUESTIONNAIRE STUDY
SIDNEY W. BINKS**

I am a doctoral student in clinical psychology at George Washington University and have been a member of Dignity Washington for six years. Dignity helped me (as you may remember) with my Master's level project which dealt with anxiety; this study, my dissertation, arises out of that research. More details about the study can only be given after the questionnaire is filled out. The following questionnaire is short and will take between 15 and 20 minutes. It is best if each question is answered relatively quickly. Be sure and fill out the pages in sequence by doing all the forward facing pages first then flip the questionnaire and do the back pages - the pages are numbered.

Because of the importance of individual responses, it is important that you not discuss any ideas you might have about any of the questions until you have finished. Your participation is strictly voluntary and confidential.

PLEASE, if possible, return these forms to the person who handed them out to you, otherwise, mail them as soon as possible to:

Sidney Binks
5375 Duke Street, #1606
Alexandria, VA 22304

Your willingness to fill out this questionnaire implies your informed consent. If you have questions, call me at 703 823-8224.

THANK YOU!!!

For copyright purposes, this page has been deleted.
Information on the author's revised version of this scale
is available from him.

For copyright purposes, this page has been deleted.
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is available from him.

Measurement of Past History of Social Support (SOC-SUP)

Please answer the following items based on the scale provided:

1. I have been able to talk about my problems with my family:

1 2 3 4 5 6 7
(very strongly disagree) (very strongly agree)

2. I have been able to talk about my problems with my friends:

1 2 3 4 5 6 7
(very strongly disagree) (very strongly agree)

Homosexual Identity Integration Questionnaire (HIIQ)

Please rate each item on the scale of 1-7 provided:

1. I acknowledge to myself that I have erotic thoughts and fantasies about members of my own sex:

1 2 3 4 5 6 7
(always acknowledge) (never acknowledge)

2. I recognize and accept my same-sex fantasies as an indicator of my sexual orientation:

1 2 3 4 5 6 7
(do accept) (don't accept)

3. I am comfortable acknowledging my homosexuality with at least a few selected people:

1 2 3 4 5 6 7
(very uncomfortable) (totally comfortable)

4. I am comfortable acknowledging my homosexuality with my homosexual friends:

1 2 3 4 5 6 7
(very uncomfortable) (totally comfortable)

5. The reaction from those people I've told about my homosexuality has helped me to tell even more people:

1 2 3 4 5 6 7
(hasn't helped) (has helped)

6. I know how to meet and socialize with other homosexuals:

1 2 3 4 5 6 7
(do know) (don't know)

7. I meet and socialize with other homosexuals regularly:

1 2 3 4 5 6 7
(do) (don't)

16. Being predominantly homosexual is so integrated into the rest of my life that it rarely comes up as something to worry about (other than when my personal/legal rights are concerned):

1 2 3 4 5 6 7
(never worry) (still worry)

17. I was last personally conflicted about being predominantly homosexual (other than having my personal/legal rights denied):

1 2 3 4 5 6 7
(long time ago) (last few days)

18. I feel comfortable openly acknowledging my homosexuality to my entire family (i.e., parents, siblings, cousins, grandparents):

1 2 3 4 5 6 7
(very uncomfortable) (totally comfortable)

19. I feel comfortable openly acknowledging that I am predominantly homosexual with the people I work with and/or attend school with:

1 2 3 4 5 6 7
(very uncomfortable) (totally comfortable)

20. I feel completely comfortable openly acknowledging that I am predominantly homosexual at any moment, with any person, under all circumstances:

1 2 3 4 5 6 7
(very uncomfortable) (totally comfortable)

"The HIQ is protected under copywrite. The HIQ is undergoing revision. The author encourages use of it, please contact him both for permission to use it and for it's most recent revision.

Final Instructions to Subjects**FUTURE RESEARCH**

If you would be willing to participate in ONE, future research study by mail, please write your name and address here (confidentiality will be assured because you would be assigned a code number and this sheet will be removed from the rest of the questionnaire):

IF YOU HAVE BEEN GIVEN TWO QUESTIONNAIRES, HERE'S WHY:

The success of this research depends on the recruitment of a variety of individuals and so it would be helpful if you would give the second questionnaire to someone who does not belong to a group like Dignity which requires such a public acknowledgement of sexual orientation. Please give out the second questionnaire with the accompanying envelope. It is very important that you do not discuss any aspect of this study until after the individual fills out the questionnaire.

REGARDING FEEDBACK:

Dignity members will be receiving feedback regarding the results of this research at the weekly service. If you are not a Dignity member, you can receive feedback by leaving your address below:

THANK YOU SO VERY MUCH!!!

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